TO HOSPITAL OR ATTENDING PHYSICIAM. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of saperal, and in any event, within 72 hours after death. 90

VR A15 (4)

		EPARTMENT OF HEALT	
DIVISION OF STATIS	TICAL RESEARCH AND RECORD		T, BALTIMORE 1, MARYLANI
72170	GERTIFICA	TE OF DEATH	14716
PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where dec	cased lived, if institution: Residence befor

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
TALBOT MARYLAND	a. STATE D. COUNTY OUE EN ANNE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
EASTON	I MONTH CENTRAL CENTRA
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	d. STREET ADDRESS e. IS RESIDENCE on a farm?
HOUSE IN THE PINES* EASTON	ROUTE #3 BOX 95 YES NO NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) JOSEPH HOWARD A	NTHONY SR. DEATH 10 15 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 8. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR I FUNDER 24 HRS.
MATE WHITTE WIDOWED X DIVORCED	11/8/86 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY,	Cylander Manufact Country?
RETIRED FARMER FARMING	14. MOTHER'S MAIDEN NAME
ISSAC M. ANTHONY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, ng, or unknown) (If yes give war or dates of service)	7. INFORMANT DAUGHER Address
No 214-36-5447-A1	MRS. Charles CECIL CENTRENCE MARULAND
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: Coff Barrel 2	The hose's onset and death
	1101011 13113
Conditions, If any, which \ DUE TO Belvence	d Antonnalement Warner
gave rise to immediate (b) Aclucence	a 11-170 801050513 year
cause (a), stating the DUE TO	/
underlying cause last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTR	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Y CONTRACTOR OF THE CONTRACTOR	YES NO 🔀
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTR 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED, (Enter nature of injury in Part I or Part II of item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Mot While m	ctory, street, office bidg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from.	
	hat death occurred at 2.45M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
C. K. Laylon	Centreville ma
	ERY OR CREMATORY 23d. LOCATION (City, town or county), (State)
BURIAL (Specify) Oct. 17, 1966 Chestachield	of Cometion CENTREVILLE MARULAN 21617
24) FUNERAL DIRECTOR ADDRESS	252. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Some 1 & Boston In Buton But (then the	MI CT 18 1986 Persones Judge
- to the control of the control	MATERIAL TO 1000

MARYLAND STATE DEPARTMENT OF HEALTH

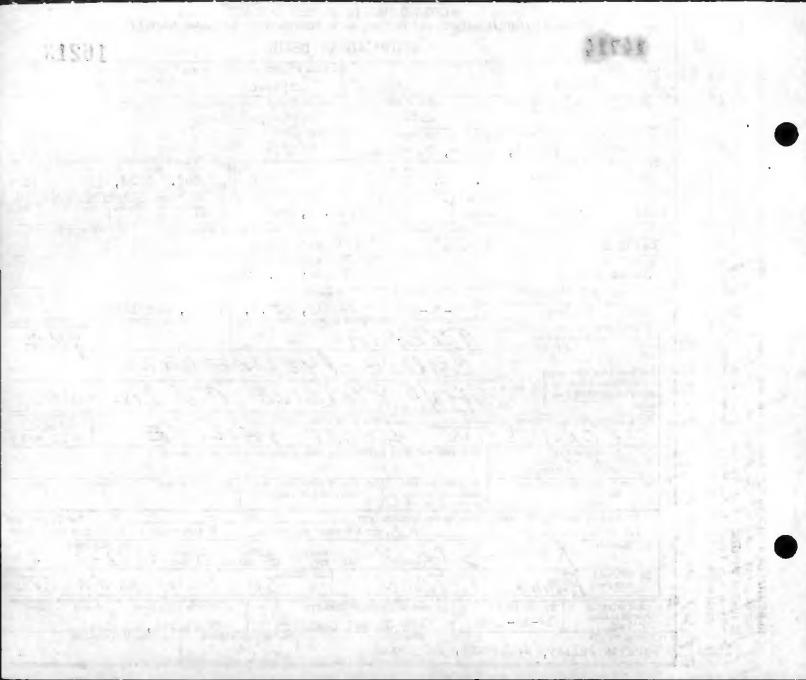
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	14714	CERTIFICATE	OF DEATH		16213			
1	a. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived, if institution b. COUNT	Residence before admission)			
	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		de carparote limits, write RURAI	L and give nearest town)			
	WHIE KOKAL WING GIVE HELDEST TOWN)	Life	Easton, Ma	ryland	20.1			
8	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g Memorial Hespital, Easte		d. STREET ADDRESS RFD# 2		e. IS RESIDENCE ON A FARM? YES NO			
6.7	B. NAME OF DECEASED (Type or print) First W.	Middle BATIEY	Lost	OF DEATH Oct. Month	Day Year 14, 19 66			
3	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	The state of the s	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Wonths Days Haurs Min.			
		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	3. FATHER'S NAME James Bailey		14. MOTHER'S MAIDEN NAME AND B. GT					
	(Yes no or unknown) (If we nive wor or dates at service)		nformant amily, RT",2,	Address Raston, Mary	land			
	IB. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	SEEMIA			INTERVAL BETWEEN ONSER AND DEATH			
	Canditions, if any, which gave) (b)	5						
	rise to immediate cause (a), stating the underlying cause (c)	s. YRS.						
) ATTO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)							
	20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.)							
MENTER	20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. 19 While at wark at wark of the p.m. 19 While at wark a							
	21. I certify that (I) (this hospital) attended the deceased fram							
	220. SIGNATURE ATTENDING MED. STAFF 12-2-66							
1	22c. PHYSICIAN'S NAME (Type) RICHARD FI	Tyson	22d. ADDRESS 6	S. Au	RORA ST.			
1	23c. BURIAL, CREMATION, 23b. DATE THEREOF 26 10-18-1966	23c. NAME OF CEMETERY OR Chapal	Cometery	23d LOCATION (City or Town	eryland			
15	24. FUNERAL DIRECTOR Leretta Jelley, Salisbury,	ADDRESS Maryland	DATO F C		STRAR'S SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending entylician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, alease remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or ottending physician.



M		14715	CERTIFICATE OF DEATH	1.4515
death.	1	PLACE DF DEATH		eased lived, if institution: Residence before admission)
funeral 1 ond ter deat		· COUNTY Jalbot	MARYLAND O. STATE MARYL	and b. COUNTY talbot
y the fun Pages 1 urs after		b. CITY DR TOWN (If outside corporate limits, write RUPs) and give negrest town)		prote limits, write RURAL and give neorest town)
hours in by the ris. Page 2 hours	-	d. NAME OF HOSPITAL DR INSTITUTION (If not in hos	soite), give street oddress). d. STREET ADORESS	B FASTON - 1
filled in Papers.	8	Weyarial	Hospital	DN A FARM?
within 2 sly filler son par within	13	NAME DE TI FIRST	Middle Rost 4. DAY	11/ 1/
scuted with completely love corbor y event, with	-	(Type or print) SEX 6. COLDR DR RACE 7. MA	May Doyuara DEAT	9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
executed withing and completely fremove corbon any event, with	7	Carrier I I I	DWED OIVDRCED Jul. 6 1895	lost birthdoy) Months Doys Hours Min.
ate be exercian ond a	1	Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)	10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & Stote, or NOUSTRY	foreign country) 12. (ITIZEN DF, WHAT CDUNTRY?)
ficate ysicia plea plea ol, an		S FAMIER'S NAME	Domestic 14 MOTHER'S MAIOEN NAME	9011
th certific ling phys Then premovol,		WILLARD BAYNE		OR KSON
or mit		(Yes, no, or unknown) (If yes give wor or dates of service	16. SOCIAL SECURITY NO. 17. INFORMANT HISOD TO PERSON A	Address FASTON, Md
that the d on. by the atternanting perr	ŧ	18. CAUSE OF DEATH (Enter only one couse per)	ine for (a), (b), and (f)) (INTERVAL BETWEEN
equires that the physicion signed by the burial-transit burial, cremot		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ght Middle Cerebral Argen	Throm bosis onger and gent
equires the physicion signed by burial-tra burial, cre		Conditions, if ony, which gove) (b)		
ng phy ng phy en sign en sign to bur		rise to immediate couse (a), Stating the underlying couse		
be di		last. (c)		LIA MUSCHITORY
	5		JTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO X
2 7 - 0	COLICIANON	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Port I or P	
			20d. INJURY DCCURREO 20e. PLACE DF INJURY (Home, form, 20f.	(City or town) (County) (State)
re = ± a e	MENICAL	Hour o.m. 19	While of work	1-1-10
ined by the State ould be a		21. I certify that (I) (this hospital)	attended the deceased fram 10 112, 1906	to 19 14, 19 12, that (1) (we) last
ATTE etoine CTOR: shoul ith th		sow the deceased alive an 220. SIGNATURE		22b. DATI-SIGNED
~ _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Thea	M.D. ATTENDING MED. OIRECTOR	□ STAFF □ 10/15/66
	1	22c. PHYSICIAN'S S. KRE	ECH, JR, 22d. ADDRESS Eas	for, Md
Be E Be	3	30. BURIAL, (REMATION, 23b. DATE THEREOF		LDCATION (City or Town) (County) (State)
5 5 5 0	4	24. FUNERAL DIRECTOR	6 St. PAUS CEM. ADDRESS. 250. REC'D BY REGIS	
VR A15 (4) 20 M 1/66	3	Mrs L. Valley	Was helds) DATE OCT 21	1966 Jolianles Judge

14717 AL ENGTH SHE THERESE SHE THE TANK AND THE RESIDENCE OF THE PARTY OF THE PARTY

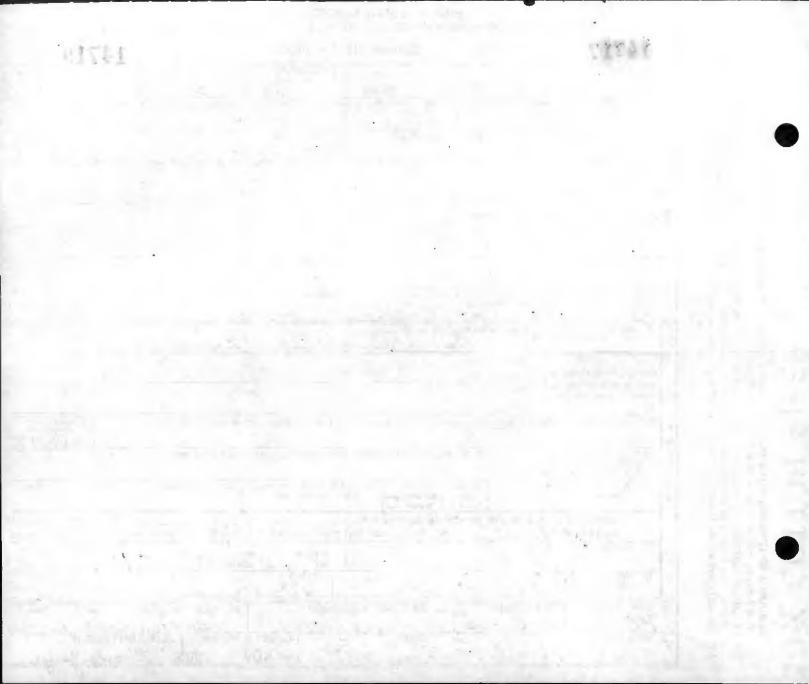
(County)

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

- ~ M	1	14717	CERTIFICATE OF DEA	ATH	14719
funeral and er death	1	a COUNTY 12 bot	MARYLAND 0. STATE	SIDENCE (Where deceased lived, if institution: MARIKAN d. b. COUNTY	Compline
requires that the death certificate be executed within 24 haurs after death. g physician. I signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remaye carbon papers. Pages I and 2 burial, crematian, ar remayal, and in any event, within 72 haurs after death.		b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)	V 1/2hR. DE	OWN (If obtside corporate limits, write RURAL ルイが N	05-2-1
in 24 har filled in the papers. Thin 72 ha	7	d. NAME OF HOSPITAL OR INSTITUTION (IF not	Hospital 531 A	46454.	e. IS RESIDENCE ON A FARM? YES NO 1
ed with		NAME OF DECEASED (Type or print) (Type or print) (First SEX 6 COLOR OR RACE	MARRIED NEVER MARRIED 18 DATE OF BIRI	V	DOY YEAR 19 66 UNDER 1 YEAR TIF UNDER 24 HRS.
ate be executed wit cian and campletely lease remaye cacho and in any event.		Ma / E Color & d Ja . USUAL OCCUPATION (Give kind of work done	WIDOWED GIVORCED AUG. 21		anths Days Hours Min.
cate be sician a blease , and in	dı	uring most all working life, even if retired) 3. FATHER'S NAME	INDUSTRY + BI /	TA/bot, Md.	COUNTRY 2/5A
te death certificate be attending physician of permit. Then please ian, ar remaval, and is		EMORY BIACK S. WAS DECEASED EVER IN U.S. ARMED FORCES?	WE !! 16. SOCIAL SECURITY NO. 17. JINFORMANT	FIE POHER Address	
attendi permit.		Yes, no, or unknown) (If yes give wor ar dates of s	216-14-2983 Hosphital &	Pecceds FAST	LON MARY BAND
physician physician signed by the atte burial-transit pern burial, crematian,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d)	INYIMONI TITY	नारकत्र हरा	ONSET AND DEATH
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N: N ar ar ar us eath	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of		PERFORMED? YES NO
s PHYSICIAI the haspital this certifica detached fa e Dept. af H			20d. INJURY OCCURRED 20e. PLACE OF INJURY (H		(County) (State)
のもにやる	MEDICAL	p.m.	While Not While of foctory, street, office of work of the deceased from	bldg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ATTENDIN stained by CTOR: Afte shauld be ith the Sta			19 , and that death occu	A	, 19, that (I) (we) last I on the date stated abave. 22b. DATE SIGNED
may be re RAL DIREC ", page 3 be filed wi		22c PHYSICIAN'S	M.D. ATTENDING PHYS. 22d APP	MED. STAFF DIRECTOR PHYS.	10-30-66
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23	NAME (Type) Ba. BURIAL, CREMATION, 23b. DATE THERE	DF 235 NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	1	ENOVAL Specify 11-3 24. FUNERAL DIRECTOR	1/2/12/		CARALNE MARHANA
VR A15 (4) 20 M 1/66	M	Leads Al A Both	(A) carte mondo, 1 10	DATE NOV 1 1986 PC	lander Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1471 requires that the death certificate be executed within 24 hours after death. death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission completely filled in by the funeral o. COUNTY b. COUNTY MARYLAND Pages 吉 LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits CITY OR TOWN Corporote m ts, write RURAL and give negrest town) RURAL and give negrest town on papers. Pag within 72 hours d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME not in hospital YES NO DATE OF DEATH NAME OF Month Doy remove carbon First Year DECEASED event, Type or print) IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS rast buffloy) Months Days Hours DIVDRCED WIDOWED pup 12 CITIZEN, OF M 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR & Stote, or foreign country) .5 during most of work ng life, even a retired) 13. FATHER'S NAME physi WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service FASTON ourial, cremation, CAUSE OF DEATH (Enter only one couse per tipe for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gave (b) nse to immediate couse (a), DUE TO ottending p stating the underlying couse prior to the has been las? 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NQ TO FUNERAL DIRECTOR: After this certificate the hospital or þ 20o ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 5 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While 19 at work at work ě Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram should M, fram causes and an the date stated above. saw the deceased alive an and that death laccurred 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D DIRECTOR PHYS PHYS. director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23c 23d. LOCATION (City or Town) (County) (Stote)

ADDRESS

-ARO

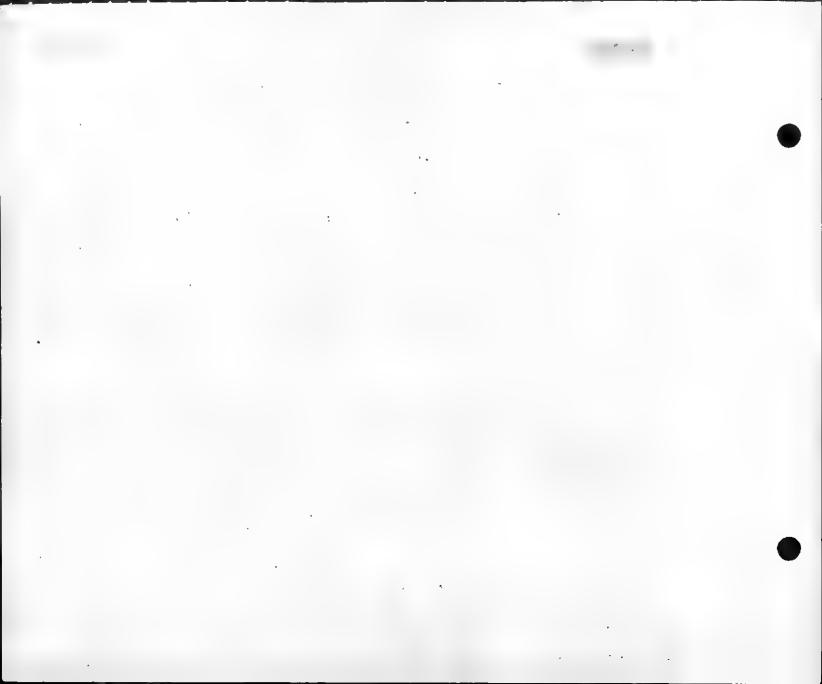
25b. REGISTRAR'S SIGNATURE

FTFR

25o. REC D BY REGISTRAR

VR A15 (4) 20 M 1/66

FUNDRAL DIRECTOR



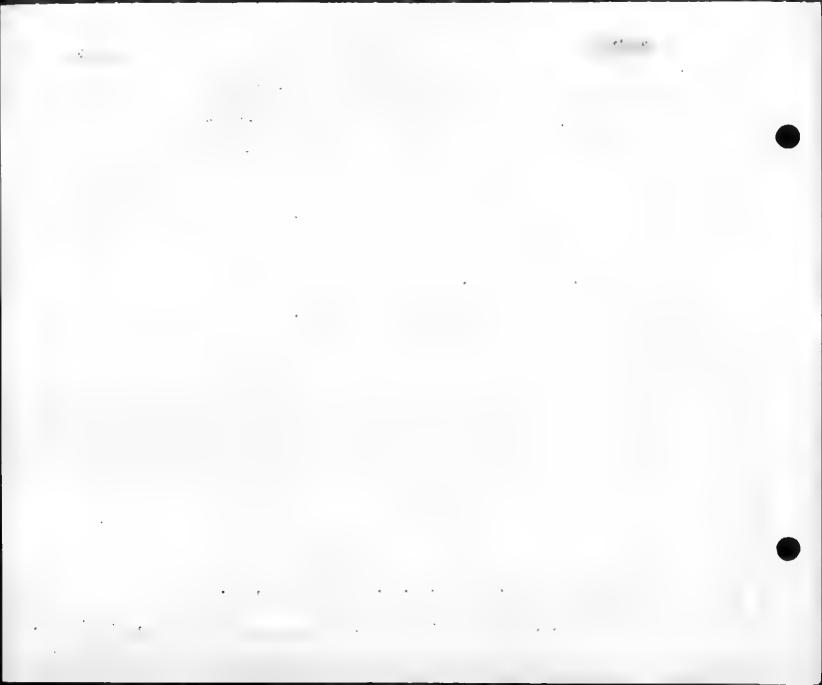
	MARYLAND STATE DEPARTMENT OF HEALTH		
Division	of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	2120	}
B	CEDTIFICATE OF DEATH		

	1431	5'		CERTIFIC	ATE	OF DEATH		14	722
	PLACE OF DEATH					2 USUAL RESIDENCE (W	here deceased lived, if institu	ton Residenc	e before admission)
(o. COUNTY A 160 T MARYLAND				o. STATE Maryland Caroline				
		f outside corporate limits,		c LENGTH OF STAY IN	lb	CITY OR TOWN (If outs	side corporate limits, write RU	RAL ord give	neorest town)
	write RURAL and give nearest town) 13 days				Feder	alsburg		1	
-{		AL OR INST TUT ON (If not	in hospital, g	give street oddress)		d STREET ADDRESS			e IS RESIDENCE
	Me	norial				Liber	ty Road		ON A FARM? YES NO X
l i	NAME OF DECEASED (Type or print)	Will	lean	Edwars	2/	o hamins	4 DATE Mon OF DEATH /C	· -	Doy Year 20 1966
5 5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 Months	
M	fale	White	WIDOWED	DIVORCED		June 7, 1912	52t birthdoy)	Months	Doys Hours Min
10o	USUAL OCCUPATION ing most of working	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County &	State, or foreign country)		ZEN OF WHAT INTRY?
Pi	lling Ro	om Foreman		yland Plast	ics	Denton, M	arvland		SA
13.	FATHER S NAME			77		14. MOTHER'S MAIDEN NA	NME		
	William	E. Chambers	s, Sr.			Florence	Chance		
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	17, 1	NFORMANT	Addr	ess	
(Ye	s, no of unknown)	(If yes give wor or dates of s	21	4-03-4673	G1	adys M.Chamb	ers, Federals	burg.	Marvland
	Conditions, if ony, rise to immediat stating the under	e couse (o),		eule n	Ja	rendral	enfacter	3	ONSET AND DEATH
ATION	PART II. OTHER SH	GNIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELATE	D 10 T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)		19. WAS AJTOPSY PERFORMED? YES NO
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Po	ort I or Port II of item 1B.)		
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d. IN While of work	Not While		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(Cour	nfy) (Stote)
	saw the di	y that (I) (this haspi eceased alive an	tal) attend	ted the deceased fro	am d that	death accurred at 1	M, fram causes	and an th	6 Fthat (I) (w e) la e date stated abav
220. SIGNATURE STAFF Can M.D. ATTENDING MED. STAFF 22b. DATE SIGNED.								- A 1 1	
	22c. PHYSICIAN'S NAME (Type)	Stephen P	Car	ney, M. D.		Easton,	Md.		
230.	BURIAL, CREMATIO		OF	23c. NAME OF CEMETER	RY OR (REMATORY	23d LOCATION (City or To		County) (State)
	BUT Specify	Oct. 23,	1966	Hill Cres	t Ce	emeterv	Federalsbur		
24	FUNERAL DIRECTO	age .		ADDRESS		2So. REC'D 8		GISTRAR'S SIG	SNATURE
	· Inma	into chia	2.11	Home Freeles	w.P.	Carry DATE OC	T 2 7 19 56	Milar	les Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 3 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after deather. Page 4 may be retained by the hospital or attending physician.

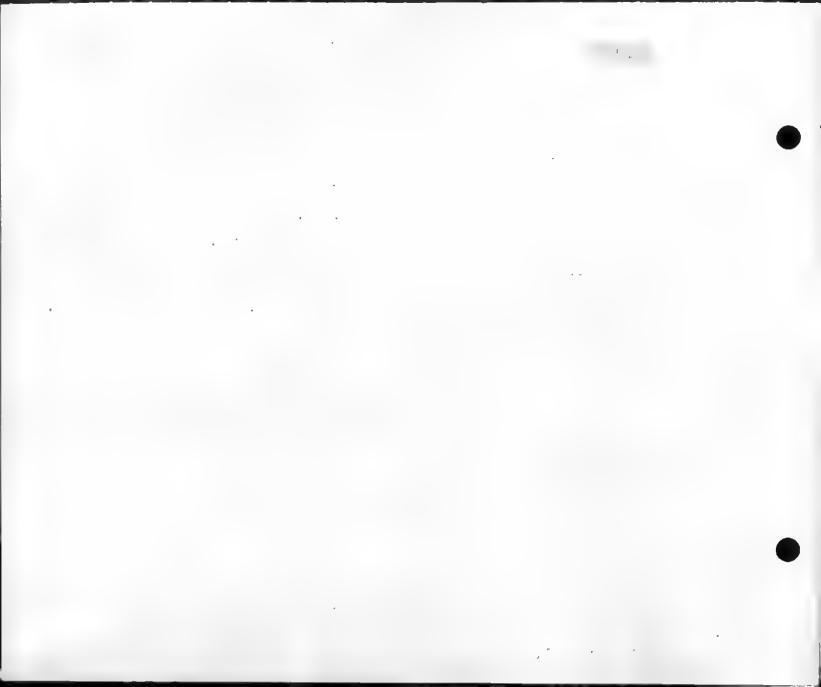
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH Item #2a,b,c & dinfor CERTIFICATE requires that the deoth certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o STATE a. COUNTY b. COUNTY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (ff outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and-give_neorest town Grasonville days the ollending physician ond completely filled in by sit permit. Then please remove corbon papers. d STREET ADDRESS IS RESIDENCE ON A FARM? Af nat in hospito, give street oddress) event, within 72 YES NO 3. NAME OF Middl Doy Year DECEASED (Type or pant) DEATH IF JNDER YEAR SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In veors NEVER MARRIED lest birthday) Months Haurs WIDOWFD DIVORCED BIRTHPLACE (County & Stote or foreign country)
Tal bot County, Maryland
Eas ton 12 CITIZEN OF WHAT IDo USJAL OCCUPAT ON (Give kind of work done 3Db. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Myvette Mocre 13. FATHER'S NAME Isaac Clark IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wyvette Clark, Mother, Grasonville, Md. (Yes, ng. or unknown) (If yes give wor or dates of service cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSES AND DEATH Alina IMMEDIATE CAUSE (a) physician. DUE TO burial. Canditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause be retained by the hospital or ottending this certificate has been the last. 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI ٥ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at wark Page 4 may be retained by the FUNERAL DIRECTOR: After þe 30 to. 19____, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from should and that death accurred at 10 p. M. from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22p_SIGNATURE ATTENDING STAFF DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN S NAME (Type) director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, 23b. DATE THEREOF (Stote) (County) REMOVAL (Specify) Memorial Hospital Easton. Maryland Inceneration 2So. REC'D BY REGISTRAR REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Easton, Maryland VR A15 (4) Memorial Hospital. 1966 20 M 1/66 3-1237715

MARYLAND STATE DEPARTMENT OF HEALTH

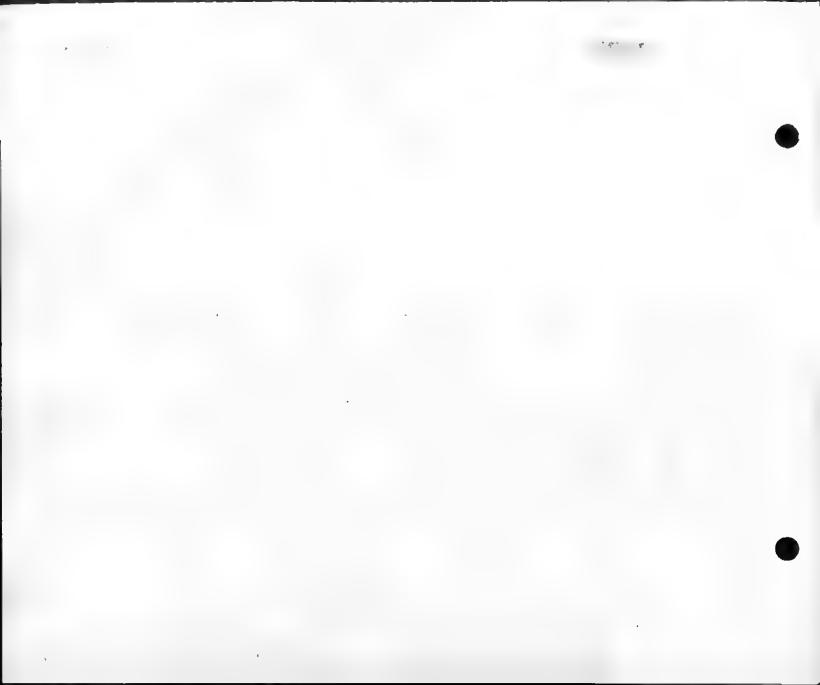


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before pamission) physician and completely filled in by the funeral a COUNTY **b** COUNTY Maryland Caroline offer MARYLAND r. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town oon papers Pag within 72 hours Ridgely IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUT On (If not in haspital, give street address) None YES NO TY pieose remove carbon 3 NAME OF Middle 4 DATE Manth Lost Day Year OF DEATH DECEASED event, 19 (Type or print) IF UNDER 1 YEAR S SEX 6 COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS birthday) Days ond in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of warking life even if retired) INDUSTRY COUNTRY? Delaware 3. FATHER S NAME 14. MOTHER'S MAIDEN NAME Thomas Mitchell Sadie Parris IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, pp., or unknown) (If yes give war ar dates af service) 10 Dermi Butler Ridgely INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) the cremat buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by physician. DUE TO burial, Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse be retained by the hospital or attending has been nse os the prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY CERTIFICATION PERFORMED? of Heolth YES NO O IUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the Stote Dept. MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) Haur a.m. foctory, street, affice bldg., etc.) While Not While 19 at work at work ě 21. I certify that (I) (this haspital) attended the deceased fram 19____, that (I) (we) last 3 should 1966, and that death accurred at 1015 M. fram causes and an the date stated above saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF Robert W. Treaser director, page 3 should be filed v M.D. PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23d LOCATION (City or Town) 23b DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Greensboro Maryl and Greenghore

2Sq. REC'D BY REGISTRAR

2Sb.

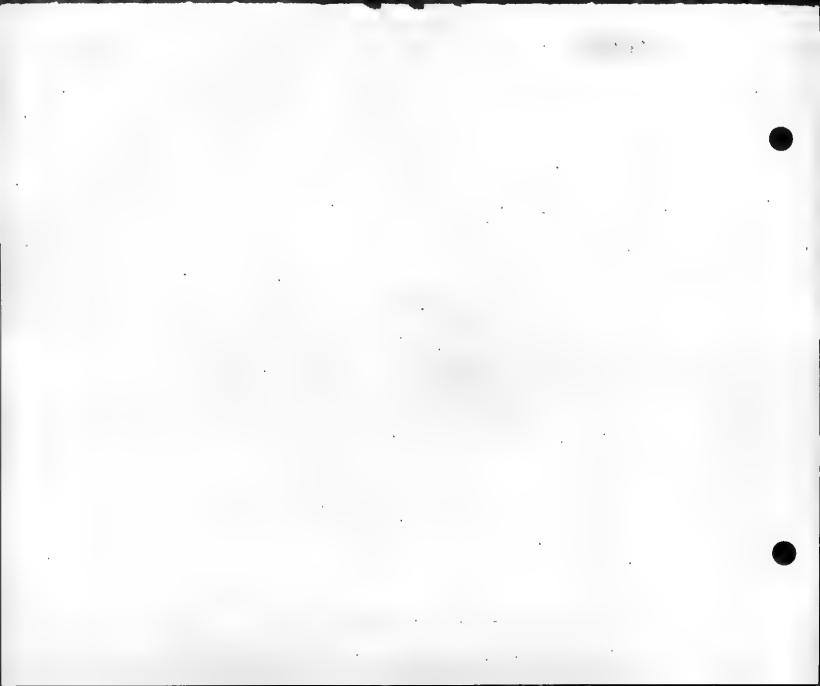
VR A15 (4) . 20 M 1/66 24/1 FUNERAL-DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE r filled in by the fundaments. Pages 1 and 72 hours after o b. COUNTY Manuland lalbox ucen Anne MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b hours hunch Hill ucans d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE 24 ON A FARM? within for foed Women flome. NO C YES letely Pour NAME OF Middle Last DATE Month Day Year DECEASED DF event. 19 leveland. Сощр (Type or print) ook 1966 DEATH executed remove ACE (In years LIF UNDER 1 YEAR HE UNDER 24 HRS. 7. MARRIED OATE OF BIRTH NEVER MARRIEO last birthday) Months | 82 yrs. any Oays Hours WIDOWED C DIVORCED Ding physician a Then please re-removal, and in .= 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR UNDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? The law requires that the death certificate be lousework Queen Anne 13. FATHER'S NAME Martha E. William Thomas Sene 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes give war or dates of service) aston, Ad. n signed by the burial-transit per burial, cremation CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. Uncertain DUE TO Cenditions, if any, which реел gave rise to immediate まま DUE TO cause (a), stating the 5 underlying cause last, has as prio (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY use for use Health PERFORMED? certificate CERTIFICAT hospital or YES [NO [PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) Should be de factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained Febr 1961 to 10-19 21. I certify that (I) (this hospital) attended the deceased from... 1966, that (I) (we) fast DIRECTOR: saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNED 8 8 page filed MED. DIRECTOR ATTENDING PHYS. STAFF -20-66 шау O HOSPITAL FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. DATE THEREOF (State) REMOVAL (Specify) emeteru Durial hurch fli 25b. REGISTRAR'S SIGNATURE Ocharles aston. VR A15 (4) 20M 1/65



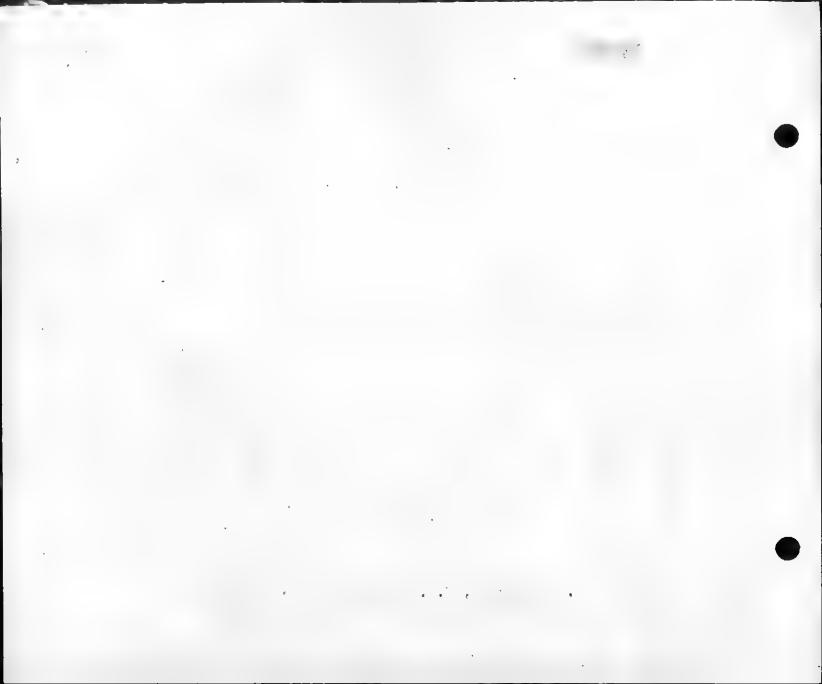
	1(M)		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
45	E CH		14723 CERTIFICATE OF DEATH 14726
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رة م	by Page	-	write RURAL and give nearest fown)
pon ,	rd in 2 hou		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1 8, 18 RESIDER
	r filled in papers.		ON A FARM YES □ NO
executed withIn	Sician and completely filled in by the flease remove carbon papers. Pages 1 and in any event, within 72 hours after	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF 1
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×	an an se rei Jin a	10a	USUAL OCCUPATION (Give kind of work done Ob. Kind of Business OR 11. Birthplace (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY!
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anlre			gave rise to Immediate
¥ re	s the rior 1		underlying couse last. (c)
e 13	th p	CERTIFICATION	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED
£3	ficat for u Heal	8	203 ACCIDENT WAS UNDERLYING 2018. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PHYSICIAN: The law requires that the death certi-	The nospital of attending physician. Ilis certificate has heem signed by the attending phy detached for use as the burial-tensit permit. Then plute Dept. of Health prior to burial, cremation, or removal,	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SAH	Illis His Hetad	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (County) (State
9	is the state of th	₩.	p.m. 19 at work at work
ATTENDING	- U 41		21. I certify that (I) (this hospital) attended the deceased from 6 19/42, to 6 19/42, to 19/42, that (I) (we) I saw the deceased alive on 19/42 and that death occurred at 350 M, from the causes and on the date stated about
F	ob retaine		saw the deceased alive on 7 19 19 19 and that death occurred at 7 30 M, from the causes and on the date stated about 220, SOUTHE 22b. DATE SIGNED
20 H			M.O. ATTENOING MED. STAFF 10-7-66
PITA	t may ELAL Dag or, pag be file		22c. PHYSICTAN'S NAME (Type) 22d. AODRESS
TO HOSPITAL	rage 4 may be FUNETAL DIRE director, page 3 should be filed v	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State),
20	E Pak		BURIA (Specify) 10-10-66 KOYO (OAK CEM. TAKO+ Ma
	i	24.	FONERAL DIRECTOR ADDRESS ADD
	A15 (4) M 1/65	1	and B. Washell Gastor, My DATE OCT 11 1966 "Charles Judge



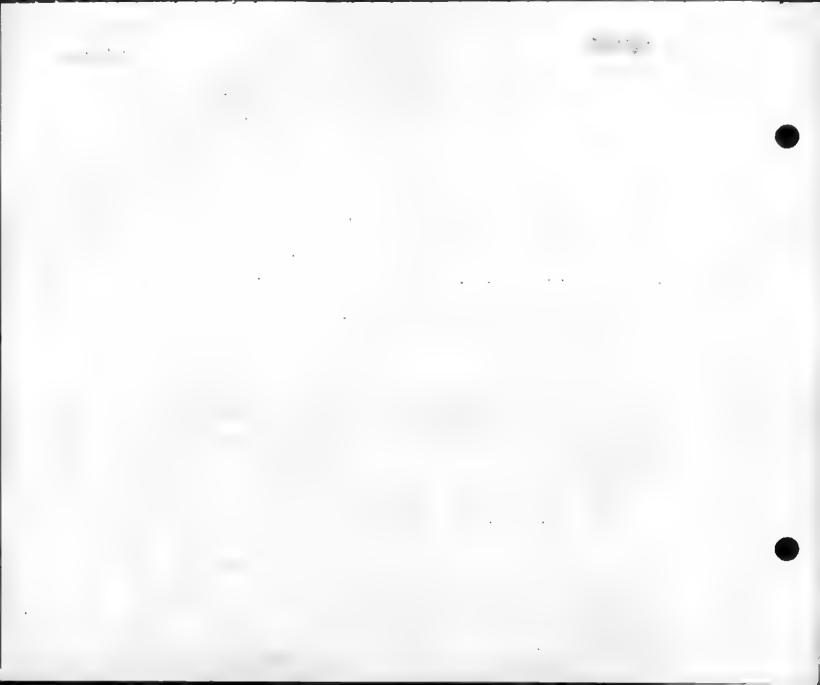
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after depth. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

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		PLACE OF DEATH G. COUNTY		2 USUAL RESIDENCE (W	Where deceased lived, if institut on Rib. COUNTY	esidence before admission)
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		b CITY OR TOWN (If outside corparate limits, write-RURAL and give negrest tawn)	c. LENGTH OF STAY IN 16		tside corparate limits, write RURAL an	id give nearest tawn)
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1		NAME OF DECEASED	Middle /	Last	4. DATE Month	Day Year
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-	1		MARRIED NEVER MARRIED	Jan 9 18	96 last birthday) Man	
	10a duri	USUAL OCCUPATION (G ve kind of work done ing nost of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	Marion	6/3/11	COUNTRY?
	13.	FATHER S NAME Grant Wt	ite	14. MOTHER S MAIDEN NO	Lloyd.	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
		WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates af servi	rice)	MERMANT Dixor	W. St. mich	all and
		1B. CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	r like ter (o), (b), and (c).	Mercy	ulan accepti	INTERVA. BETWEEN
		Conditions, if any, which gave) (b) (b) DUE TO	Untilloge	lerolu	Meddlert	is Gyr.
		last. (c)				
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRI				19. WAS AUTOPSY PERFORMED? YES NO
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		21. I certify that (I) (this haspital says the deceased alive on	7 / ~ 1/ - 1/ - 7	death accurred at	10 AM, fram causes and c	1966 that (I) (we) last an the date stated above
		220/SIGNATURE	KOGS M.D.	PHYS D	NED. STAFF 22	b. DATE SIGNED (0-15-66)
		VAME (Type) R. Lane Wro	oth, M.D.	22d ADDRESS St. Mi	chaels	
	23σ.	BUR AL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	966 Thomas MEI		23d. LDCAT ON (City or Town)	(County) (State)
M	24.	FUNERAL DIRECTOR Flambleton 9+/2	ADDRESS A M		BY REGISTRAR 256. RECISTRAL	R'S SIGNATURE Judge
CZ L		7		mai		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death pup PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. physician and completely filled in by the funeral before admission o. COUNTY b. COUNTY-MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TDWN (If ourside corporate within 72 hours write RURAL and give nearest town) d. STREET ADDRES e. 15 RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO F 3 NAME OF Middle Lost 4. DATE Month Year DECEASED event, (Type or print) S SEX IF UNDER 1 YEAR 6. COLOR OR RACE **NEVER MARRIED** 9. AGE (In years IF UNDER 24 HRS birthdoy) Days lost Months and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHP.ACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY RETIREO FARMER FARMINA 13. FATHER'S NAME 14. HAZE attending permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give war or dates of service permut. 215-38 -074-9 UES cremation CAUSE OF DEATH (Enter only one couse per line NTERVAL BETWEEN signed by the c burial-transit p ond (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) - BUE TO burial Conditions, if ony, which gove (b) nse to immediate couse (a). AUE TO attending use as the lath storing the underlying couse has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION Health I NO Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate و 20o, ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH , detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. foctory, street, office bldg., etc.) While Not While State ot work þe 21. I certify that attended the deceased fram 19 that (I) (we) last . ta 3 should , and that death accurred at 549 M, fram causes and an the date stated above. saw the deceased 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR director, page 3 should be filed v PHYS 22c. PHYSICIAN'S NAME (Type) 23o BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORX LOCATION (City or Town) 23d County REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or tempts, and in any event, within 72 hours after death,

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
34726
CERTIFICATE OF DEATH
11.2. IISUIAL RESIDENCE (Where deceased lived, 15 institution: Residence before

-	a. county	ot .		MARYLANO		Maryla		b. COUNT	MALA (N	Valbot
	b. CITY OR TOW write RURAL Easton	'N (if outside corporate and give nearest town)	imits, c. LENGTH	OF STAY IN 15		ASTON	tside corpora	ate limits, writ	to RURAL and g	lve nearest town)
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_	HOUSE :				RT.	3 - B	OX 95			ON A FARM? YES NO 4
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		ceased alive on 10						Me causes a		te stated above.
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	22c. PHYSIOTA NAME (T)	N'S (pe)				ORESS				
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C.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death funet USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Pages 1 after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) ve carbon papers. Pag event, within 72 hours hours 드 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled ON A FARM? 74 NO YES within completely NAME OF First Middle DATE Month Day Year Last DECEASED 0F JACKSON (Type or print) DEATH 19 executed FUNDER 24 HRS. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | remove DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours Min. any WIDOWED DIVORCED [ermit. Them please re ermit. Them please re on, or removal, and in 三 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR þe during most of working life, even if retired) INDUSTRY COUNTRY? VATE RI curtificate MOTHER'S MAIDEN NAME 110 ON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN Address ed by the attence transit permit. 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) death INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), been signed by the the burial-transit for to burial, cremati The law requirms that the QNSET AND DEATH PART I. DEATH WAS CAUSED BY: NG PEVEICIAN: The law requirms that the by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Cenditions, If any, which gave rise to Immediate has been e as the b n prior to l DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY for use Health p PERFORMEQ? certificate YES NO DE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certimed to detached for DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) 20b. ICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. While Not While at work After MED p.m. 19 at work retained 3 should with the D 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive on and that death occurred at , from the causes and on the date stated above. 224. SIGNATURE DATE SIGNED page filed ATTENDING M.D. PHYS. DIRECTOR may Dal MUSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS director, p should be i NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 VR AI5 (4) 1/65 20M

MARYLAND STATE DEPARTMENT OF HEALTH

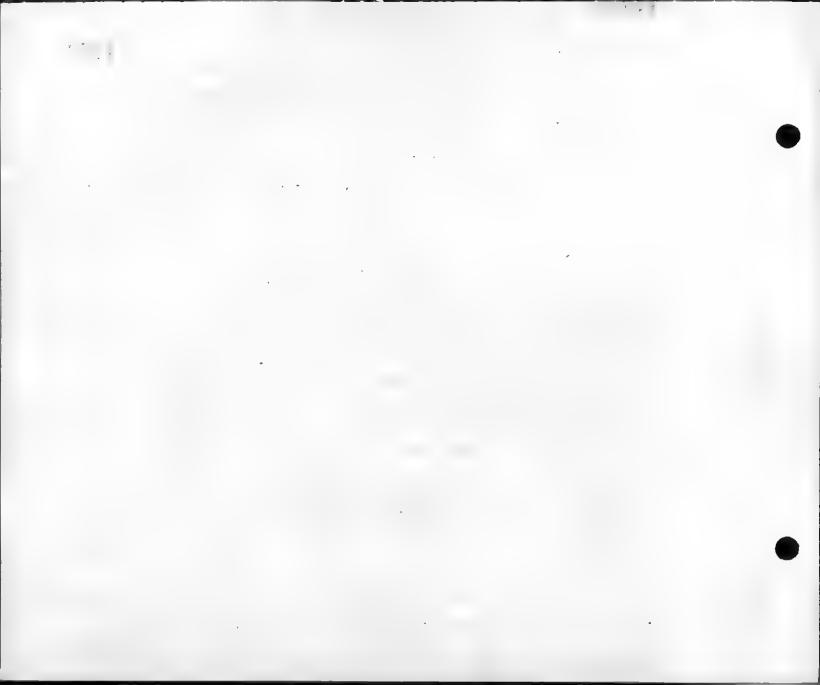


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY and completely filled in by the fremove carbon papers. Pages 1 any event, within 72 hours after LBOT MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STEVENSUILLE MICHARLS attending physician and completely filled in rmit. Then plasse, remove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🖂 i o NO executed within NAME DE First Middle Last DATE Month Day Year DECEASED OF DEATH OUISE TLE (Type or print) 19 0 6. COLOR OR RACE YBARS | IF UNDER 1 X EAR | IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED 8. 9. (In **NEVER MARRIED** last birthday) Months Days Hours 5 WIDOWED X DIVORCED m poe 1Da. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) COUNTRY? UUSEW: F.F 13. FATHER'S NAME remova α 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address 17. been signed by the attent the burial transit permit. or to burial, cremation, or i (Yes, no. or unkown) (If yes nive war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b) and (c). INTERVAL BETWEE PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate this certificate has been detached for use as the beat, of Health prior to DUE TO (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES ! MO [2Da. ACCIDENT WAS UNDERLYING (" DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part | or Part || of Item 18.) detached fr te Dept. of I OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State Hour a.m. While Not While OR ATTENDING be retained by ATTENDING at work p.m. at work fendan the deceased from 21. I certify that (I) (this hespital) 19/06 to. and that death occurred at 2 457 M, from the causes and on the date stated above. saw the degeased alive on 22a. SIGNATIONE 22b. DATE SIGNED ATTENDING PHYS. STAFF Page 4 may b DIRECTOR PHYS. M.D. PHYSTC KAN'S 22c. 22d. **ADDRESS** NAME (Type) Ro NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** REC'D BY 25b. 25a. VR A15 (4) 15M 4-64

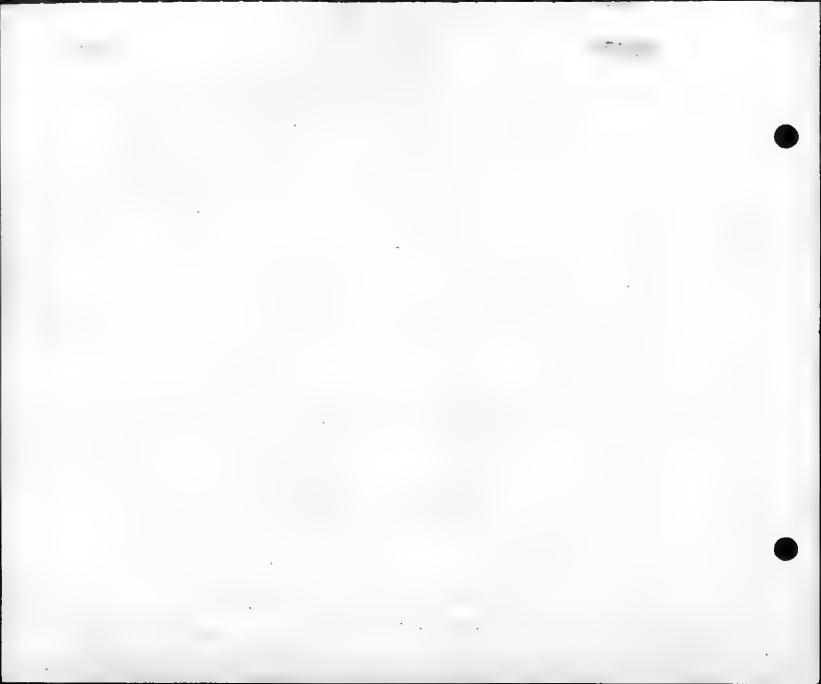


VR A15 (4) 20 M 1/66

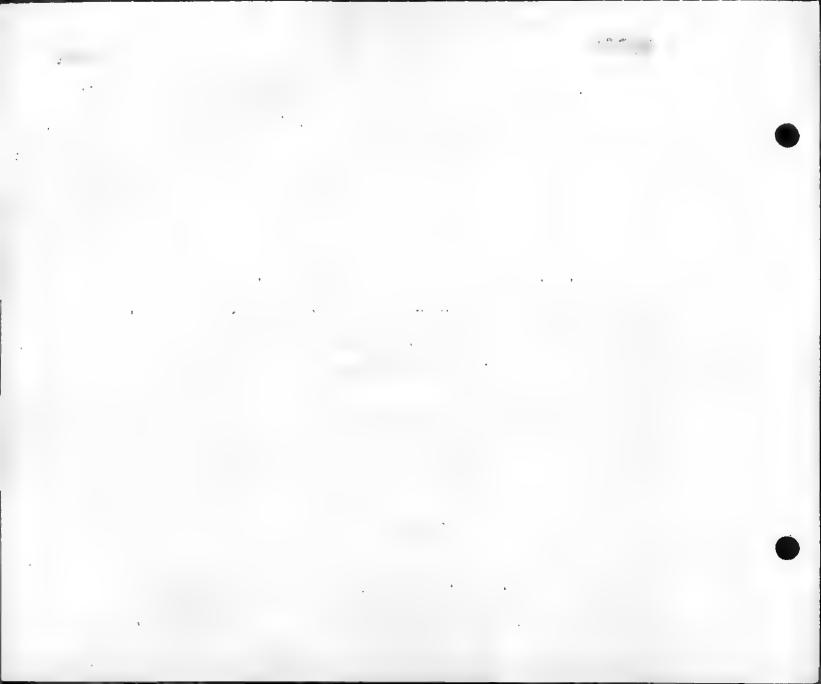
L	Jallot	CERTIFICATI	E OF DEATH		14732				
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Whe		ation Residence before admission)				
	· COUNTY /ALBOT	MARYLAND	O STATE /VAR	VLANCI b. COL	LALBO				
	b CIDY OR TOWN (If outpide corporate limits	s, c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside		URAL and give nearest town)				
	wide RURAL and give negrest town)	7		NAN					
-	d NAME OF HOSPITAL OR INSTITUTION (If no	In hospital give street oddress)	d STREET ADDRESS	VIELIA	e IS RESTOENCE				
/ ~	/// Delechia	1 LlangtaV			ON A FARM?				
3	NAME OF FI	Middle Middle	10.0	DATE III	YES NO S				
1 3	DECEASED 77 h	o II middle	a Late DI	DATE Mon	nth Doy Year				
5.	(Type or print) SEX 6 COLOR OR RACE	7 MARRIED TX NEVER MARRIED T	B OATE OF BIRTH	9 AGE (In years	I IF UNDER LYEAR IF UNDER 24 HRS				
17		2		last birthdoy)	Months Ooys Hours Min.				
	-34.114 Lotte	WIDOWED OIVORCED		160 66 yrs					
ี ปีบ ฮีบ	o. US_AL OCCUPATION (Give kind of work done ring prost of working life, even if retired)	10b KIND OF BUSENESS OR	11. BIRTHPLACE (County & S	W 4	12 CITIZEN OF WHAT COUNTRY?				
	Jeantres,	Thirt Tractory	Wittens	7.00	4.5.9				
13	FATHER'S NAME		14 MOTHER'S MAIDEN NAM	NE O					
L	omest Ha	Allaway	nettie	Cogan					
15	 WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes o 	d connect	INFORMANT	Addi	1855				
		2/5) 12-6025	Herman	Marshall	4 Withmen				
	18 CAUSE OF DEATH (Enter only one cou	se per lipe for (a), (b), and (c)	1. 11. 1		-/ INTERVAL BEDWEEN				
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)								
	DUE TO FINANCIAL PROPERTY OF THE PROPERTY OF T								
	Conditions, if ony, which gove) (b) A Conditions, if ony, which gove)								
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		(c)							
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19. WAS AUTOPSY				
CERTIFICATION					PERFORMED?				
IE I	20o ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port	I or Port II of item 18.)					
EE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			ŕ	*				
MEDICAL	20c TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)				
물	Hour o.m. p.m. 19	While Not While of work of work	tory, street, office bldg., etc.)	6	7				
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1	saw the deceased glive on	19/0/0 and the	t death accurred at 2.		and an the date stated above.				
П	220./SIGNATURE	11111		1	22b. OATE SIGNEO				
	IN Travelle	There M.	O. PHYS. DIR	EECTOR PHYS.	1/11-17-66				
	28. PHYSICIAN'S	37000	22d. ADDRESS	1113.					
	NAME (Type)								
23	D. BURIAL, CREMATION, 23b. DATE THE	REOF 23c, NAME OF CEMETERY OR	CREMATORY	23d - LOCATION (City or To	own) (County) (State)				
	BEMOVAL (Specify) (Cel 18	1966 Chief Cen	reley	It. mick	alls Did				
2	FUNERAL DIRECTOR	AODRESS	250. REC'O BY	REGISTRAR 25b. RI	EGISTRAR'S SIGNATURE				
15	Jarantelon The	acrison, It me	DATE OCT	T 1.9 1966	Milarles Judge				

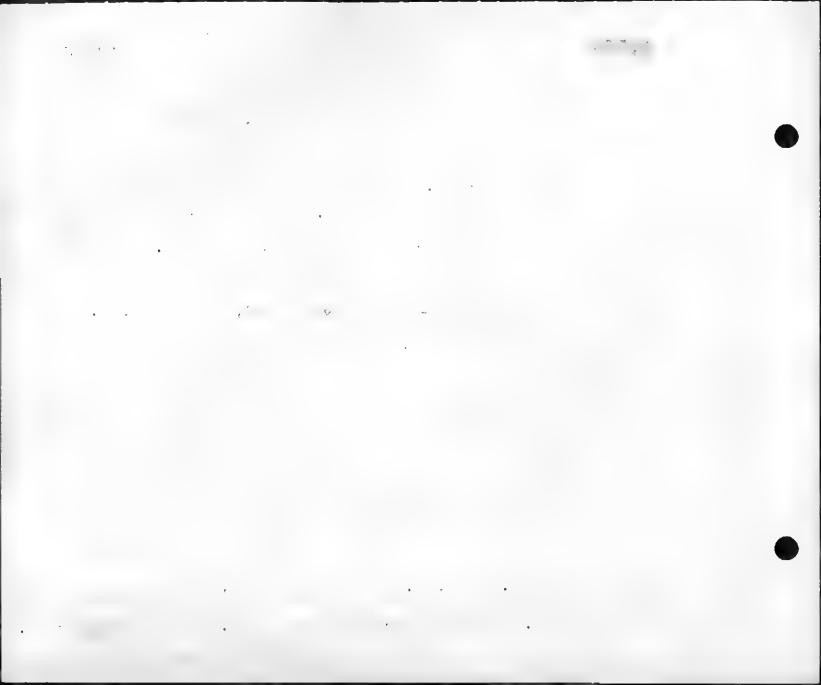


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CV death. executed within 24 hours after deoth completely filled in by the funeral ove carbon popers. Pages 1 and y event, within 72 hours offer death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND C LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, CITY OR corporate limits, write RURAL and give nearest town write RURAL and give, nearest town) d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address YES 🗀 NO 7 3 NAME OF Middle Last 4. DATE Month Day Year OF DEATH DECEASED attending physicial complere permit. Then please remove carbian, or removal, ond in any event, 19 (Type or print) F UNDER I YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED В. DATE OF BIRTH AGE (n years last buthday) Manths Days Hours COLORE WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF 100 USDAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) uring roost of working life, even if retired) COUNTRY CTORY BOORER low requires that the death certificat€ MOTHER'S MAIDEN NAME 13. FATHER S NAME unknows INFORMANT WAS DECEASED EVER NO.S ARMED FORCES? 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give war ar dates of service) EASTON signed by the atter burial-transit perm burial, cremation, o INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per langing (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the Dept. of Heolth prior to last 05 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION YES NO by the hospital or far 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not While at work at wark be 1966 to 21. I certify that this haspital) attended the deceased from should be retained with the 19 6 and that death occurred at 1 22 M, from couses and an the date stated obaye. saw the deceased alive on 22g SIGNATURES 22b. DATE SIGNED STAFF M.D. DIRECTOR PHYS directar, poge should be filed filed 22d ADDRESS 22c. PHYSICIAN'S Page 4 may SON RORA NAME (Type) MAME OF CEMETERY OR CREMATORY BUR AL, CREMATION, 23d. LOCATION (City or Lown) DATE (County EME 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966

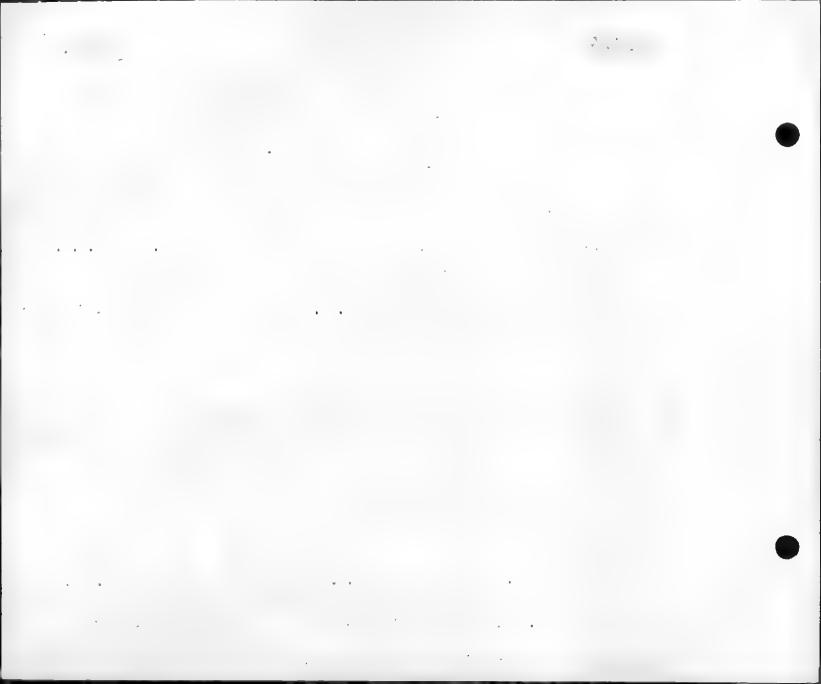


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4731 CERTIFICATE OF DEATH executed within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH ond completely filled in by the funeral o. COUNTY **b** COUNTY Manuland Talbox MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest fown) remove carbon papers. Pag ony event, within 72 haurs ycute RURAL and give necrest town) aston rura d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO 😓 YES | 3. NAME OF Middle 4 DATE Month OF DECEASED 6 DEATH (Type or pant) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED DATE OF BIRTH AGE (In years **NEVER MARRIED** (ast_birthdoy) Months Doys Hours white ony male. WIDOWED **K** DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) pleose COUNTRY? during most of working life, even if retired) INDUSTRY puo Germany attending physician permit Then please low requires that the death certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, William F. Nielke INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service permit 215-76-1771 crematian, 1B. CAUSE OF DEATH (Enter only one couse per signed by the c burial-tronsit po PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physicion. DUE TO burial, Conditions, if any, which gave rise to immediate couse (a), DUE TO ottending p stoting the underlying couse prior to l hos been last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? USE CERTIFICATION Heolth I NO TO FUNERAL DIRECTOR: After this certificate 힏 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) the hospitol OR CONTRIBUTING CAUSE OF DEATH jo detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) **Not While** ot work at work þ 21. I certify that (I) (this hospital) ottended the decreased from sow the decreased alive any 1966, and to 19 be retoined should M, from causes and on the date stated above. 1966, and that coth occurred of 1 sow the deceased alive and 22o, SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 01 M.D. DIRECTOR PHYS PHYS. filed pode 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 moy director, po should be f NAME (Type) 23b. DATE THEREOF 10/11/1 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 aston, 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE C 1966





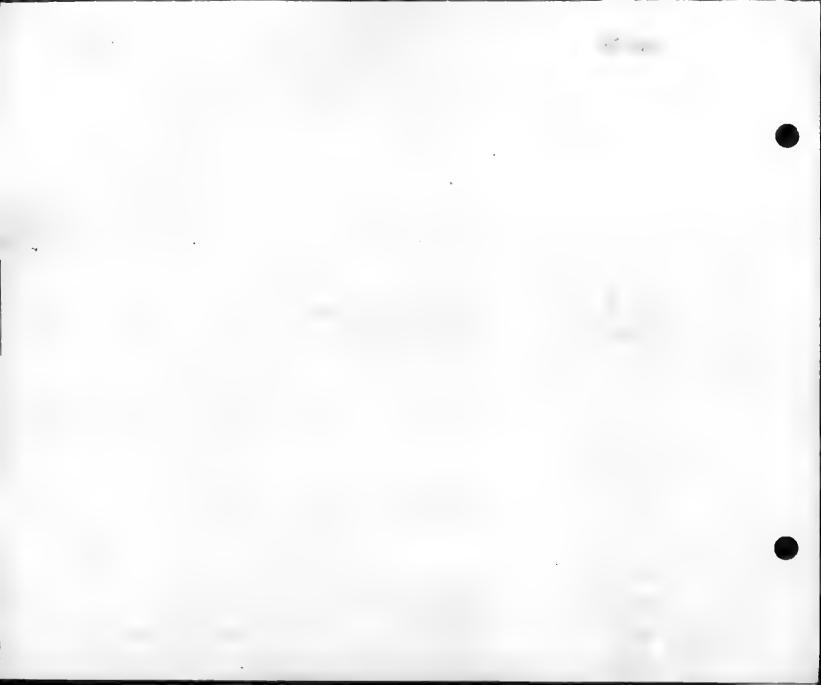
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14733 CERTIFICATE OF DEATH deoth law requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove carbon popers. Poges 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY Caroline a. COUNTY. Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) € LENGTH OF STAY IN 16 CITY OR TOWN (f autside corporate limits, write RURAL and give negrest town) Federalsburg d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, A ve street address) N. Main Street NO Z 3 NAME OF First Middle Last 4 DATE Month Day DECEASED OF DEATH (Type or print) YEAR S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 9. AGE (In years IF UNDER Hours last birthday) Months Doys May 17, 1886 Female White WIDOWED DIVOR CED 80 10a USUA, OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housework Home COUNTRYS.A. Dorchester County, Md. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME William Winfield Brinsfield Mary Wheatley 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 36. SOCIAL SECURITY NO (Yes, no, ar unknown) ((If yes give war or dates of service) Gen. I. Sewell Morris, Alexandria, Virginia Unknown cremotion, NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: cue pe EMMEDIATE CAUSE (a) þ DUE TO signed t Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying cause os the prior to has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO. this certificate j 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) at work at wark TO FUNERAL DIRECTOR: After þ 1966 1, to_ Oct 19 Gethot (1) (we) lost 00 2]. I certify that (1) (this hospital) attended the deceased from 10 should and that death occurred at a 03 M, from couses and on the date stated above. OUT 19 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. director, page should be filed Stephen Maryland Oct. 12, 1966 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23h DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) Federalsburg, Maryland 14, 1966 Hill Crest Burial AD DRESS 24 SUBJERAL DIRECTOR VR A15 (4) 20 M 1/66



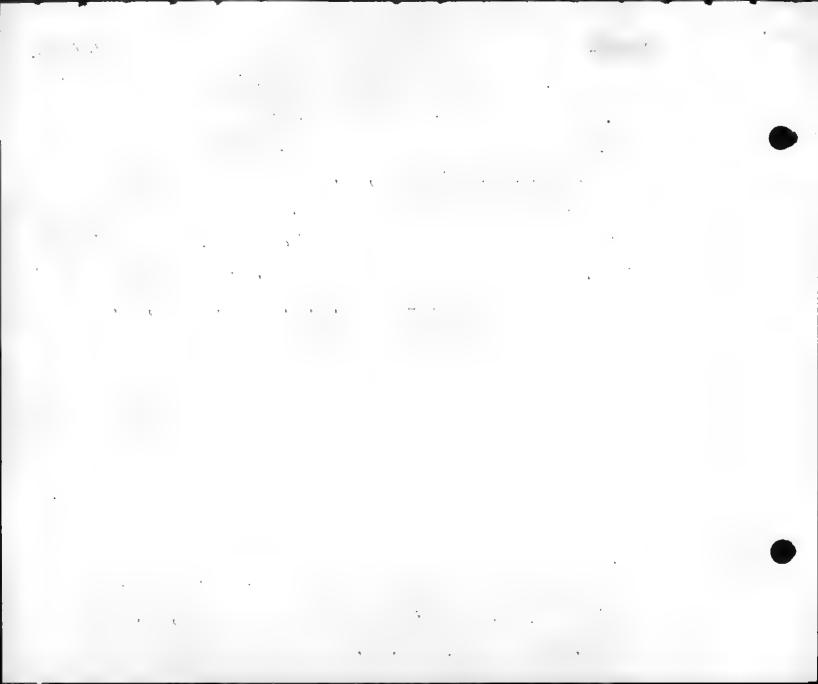
	DIVISION OF	M STATISTICAL R		ND STATE					RE 1. M.A	RYLA	ND	
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1.	PLACE OF DEATH	1			.] 2	USUAL RESI	DENCE (Where	eceased lived,	f institution: f	Residence	before a	dmissio
	e. COUNTY	Talbot		MARYL	AND	e, STATE	Maryland	b. cou		lbot		
	b. CITY OR TOWN (of outside corporate limits give nearest town)	, — с.	LENGTH OF STAY	IN 16	c. CITY OR TO	WN (If outside cor	porate limits, wri	ite RURAL en	d give nee	rest town	n)
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	d. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in hospital	, give street addres	is)	d. STREET ADD	RESS					SIDENCE FARM
3.	NAME OF	First		Middle	- + "	Last	4. DATE	Mon	th	Day	Уоог	1.0
	DECERSED (Type or print)	WILLI	AM PR	ANK NE	WNAM.	Jr.	OF DEATI	. 0	ctober	14.	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. C	ATE OF BIRTH		P. AGE (In year	IF UNDER I	YEAR IF	UNDER :	
	Male	White	WIDOWED [ne 13, 19	911	last birthday) 55 yes.	Months	Deys	fours	Mini
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-600	Mechani			Equipment	t	Neavit	t, Maryl	and		USA		
13.	FATHER'S NAME				14	. MOTHER'S MA						
		Frank Newn					iche Waym	an				
		ER IN U.S. ARMED FOR C		CIAL SECURITY NO.	. 17. INI	ORMANT		Addre	11	_		-
	No		217-	05-3705		Elva J.	Newnam.	Neavit	t. Mar	yland	1	
		EATH (Enter only one	euse per line i	for (e), (b), end (c).	1	7-15	20	8	4.	LINTER	VAL BETY	WEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (+)	rug	deel	rel	rar 1	Mean	rue	522	9		
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CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	ZOB. DESCRI	BE HOW INJURY O	CCUKRED.	(cnier nefure of in	jury in Part I or Per	II Of ITEM IB.)				
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MEDICAL	20c. TIME OF INJU Hour a.m.	RY Month, Dey, Year	While	Not While		, street, office bldg		y or lown)	(Сош	n(Y)	(;	Stete)
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	saw the deceas	ed alive on	14	1942, and	d that de	eath occurred	12.13M, from	n the causes	and on th	ne date		
	27 SIGNATURE	anhh.	010	1/2		ATTENDING	MED.	STAFF		2-1-	22b.	SIGN
1	22c. PHYSICIAN'S	14 10			M.D.	PHYS. 22d. ADDRESS	DIRECTOR [_ PHYS	/ (7 11	-6	0
	NAME (Type)	GUY M	REESE	R Jr. A	4. D.		Michaels	. Maryl	and			
23	BURIAL, CREMATI	ON, 23b. DATE THERE	OF 23	c. NAME OF CEM	ETERY OR			ATION (City, Id		y)	(Sta	ite)
	REMOVAL (Specify) Burial		1966	Neavitt (Cemete	ery	Nea	vitt, M	arv1an	d		
24	FUNERAL DIRECTOR			ADDRESS	1/2		. REC'D BY REGIS				3.	
1	Ham	Retail 9	Herr	erow ?	11/	Mich DA	E ACT 10	1966	Milian	rley (uda	L
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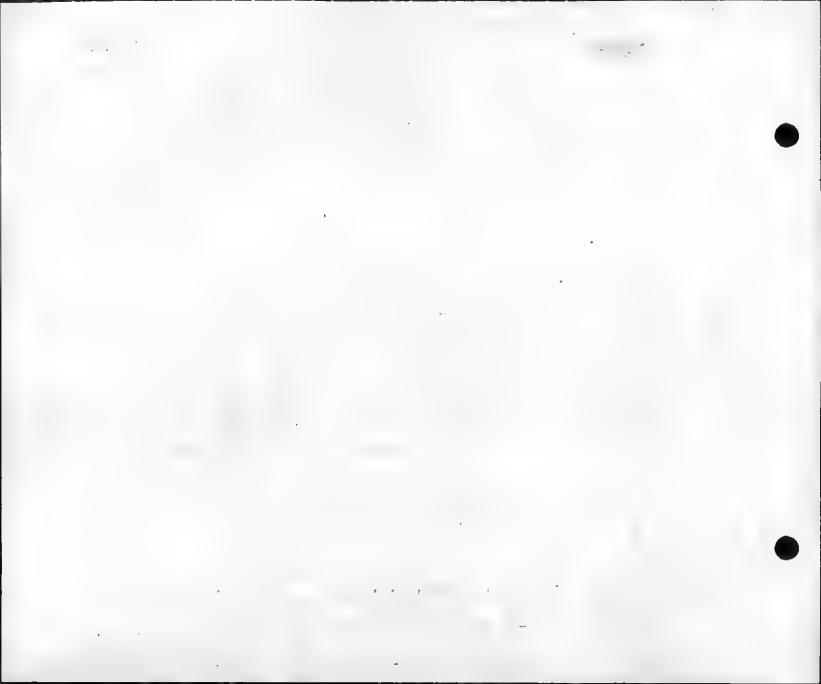
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14735 CERTIFICATE OF DEATH death certificate be executed within 24 haurs after death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission). PLACE OF DEATH a COUNTY b. COUNTY MARYLAND Pages campletely filled in by the b. CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 1b CITY OR TOWN (If outside_comporate limits, write RURAL and give nearest town) papers Pag hin 72 haurs a write RURAL and give neagest town) IS RESIDENCE ON A FARM? TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO 3 NAME OF Middle 4 DATE Month ease remaye carban First Lost **OECEASED** 0F DEATH (Type or print) IF UNDER 1 YEAR SEX 6 COLOR OR RACE NEVER MARKIED AGE (In years IF UNDER 24 HRS. MARRIED birthdoy) Months Dovs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o USHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLA (County & State, or foreign country). .= COUNTRY 2 during most of working life, even if retired) ES ADORE attending paysiti 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, OU WAS DECEASED EVER IN L.S. ARMED FORCES? IA SOCIAL SECURITY NO INFORMAN Address requires that the death permit. (Yes, no, or unknown) ((if yes give wor or dates of service) 0 burial, crematian, IB. CAUSE OF DEATH (Enter only one couse per line for (o) INTERVAL BETWEEN the signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying cause by the haspital ar attending as the priar ta has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p NO O FUNERAL DIRECTOR: After this certificate ğ 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 4 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While State [of work at work þ 1946 to 1900 2]. 1 certify that (I) (this haspital) attended the deceased from be retained shauld 46 and that death occurred at 810 M, from causes and an the date stated above. saw the deceased alive on directar, page 3 sha should be filed with 220. SIGNATURE 22b. DATE SIGNEO STAFF ATTENDING M.O. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S Page 4 may MARRISON (Stote): 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) County) REMOVAL (Specify) ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. ŘEC'D BY REGISTRAR VR A15 (4) 66 20 M 1/66 DATE



1 (M		MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECO		ARTMENT OF		ALTIMORE 1 I	ΜΔΡΥΙΔΝΠ
i = N i	1	14736 CERTIFIC					14720
24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death.	ī.	PLACE OF DEATH a. COUNTY Talbot		2. USUAL RESIDENCE a. STATE //a.ru			Residence before admission)
s after by the f Pages 1 urs after	-	MARYLA b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY II		(7		L and give nearest town)
in by s. Pag hours		rappe 1 year		Trappe			/
24 ho filled i papers. in 72 h	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	ress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	_	Main Street		Main S	treet		YES NO
rted within completely ve carbon event, with	3.	NAME OF BECEASED (Type or print) Benjamin Franklin Outten,	Sro	Last	4. DATE OF DEATH	Month 10/15	Day Year 1966
con ve eve	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8.	DATE OF BIRTH	9. AGE	(In years IF UNDER birthday) Months	2 1 YEAR HELLINGER 24 HRS
executec and con remove		male white WIBOWED DIVORCED		1/7/1904	02	yrs.	
cate be e physician n please n bal, and in	au	a. USUALOCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR INDUSTRY Arming		Talbot M	//	eign country) 12. C	CITIZEN OF WHAT COUNTRY?
fical fical		FATHER'S NAME	1	14. MOTHER'S MAID	, .		
		Villiam H. Outten . Was deceased ever in u.s. armed forces? 16. social security no.	17 (8)	Mary (.	Lewis	Address	
death certificate of the death certificate of the death certains the death of the d	(Ŷ	es, no, or unkown) (If yes give war or dates of service) 217-30-8322	Mrs.		tten, Tro	appe, Ild.	
main the		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Legisland Color of the color of th	nixa	utin			ONSET AND DEATH
ires that the physician. I signed by burial-transis burial, crem		Cenditions, If any, which by Caureaing a	ther	a aluori,			(3.1
aw requirenting tending has been as the prior to		gave rise to immediate cause (a), stating the DUE TO underlying cause last.					
ICIAN: The law requires ospital or attending a certificate has been hed for use as the bit. of Health prior to b	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	TRELATE	D TO THE TERMINAL D	ISEASE CONDITION	I GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
ilClan: T certifical certifical shed for	CERTIF	202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURR	ED. (Enter nature of	injury in Part I or	Part II of Item 18	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour a.m. While p.m. 19 at work at work	e. PLACE factory,	OF INJURY (Home, fai street, office bldg., et	rm, 20f. (City o	r town) (Cou	unty) (State)
tTTENDIN etained TOR: Af should lith the S		21. I certify that (i) (this hospital) attended the deceased from saw the deceased alive on 3544 and		eath occurred at			也, that (i) (we) last the date stated above.
R ATTI De reta RECTO 9 3 sho d with		22a. SIGNATURE				22b. D	DATE SIGNED Oct 4 C
may be may be RAL DIR		22c. PHYSICIAN'S NAME (Type) I HURSTON HARRISON	M.D.	22d. ADDRESS		AFF. 72	06746
O HOSPITA Page 4 ma O FUNERAL director, p	23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMI	ETERY OF	R CREMATORY		N (City, town or cor	unty) (State)
5 5 5 5 7		Burial (Specify) 10/17/1966 Spring His	u		Easton	r, Ad.	
	24	MALIONCE C RETURNA O COM C M	9 "		D BY REGISTRAR	25b. REGISTRAR	S SIGNATURE
VR AI5 (4) 20M 1/65	. _	THURSE E. NEWHAM & SUV, Easton, The	.Ca	DATE		Bob yelle	wee Judge



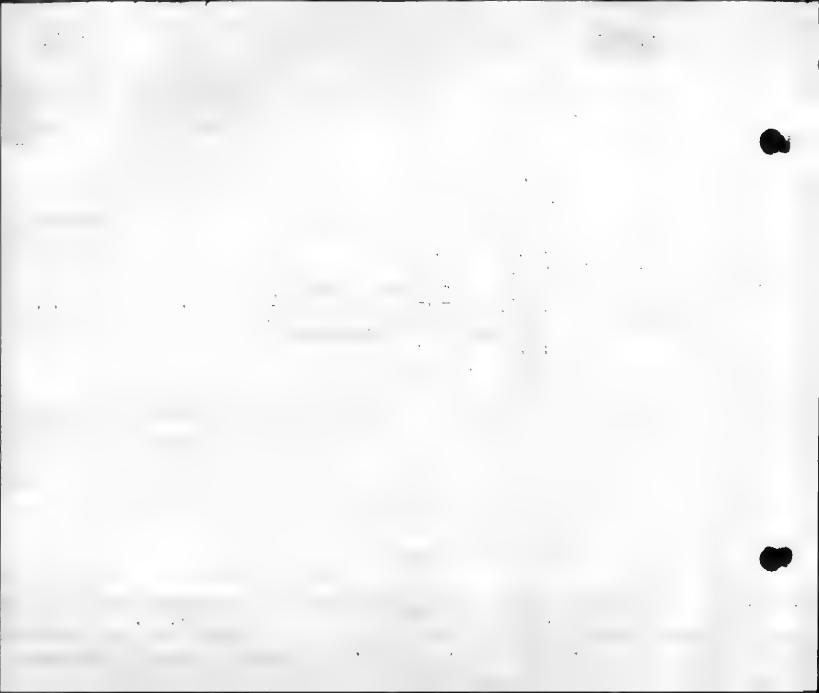
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death. signed by the attending physician ond completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and burial, cremation, or removal, and in any event, within 72 hours ofter deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a COUNTY b. COUNTY Maryland Caroline MARYLAND b CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 3 days Greensboro as d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENC North Main Street ON A FARMS excovial NO NAME OF First Middle 4. DATE Month DECEASED (Type or print) OF DEATH Nder) 19 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years birthday) Months lg<u>st</u> Days Hours White Female WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working be even if retired) INDUSTRY Maryland one 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME James H. Ward Rhoda Dill 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no not unknown) (If yes give wor or dates of service) Deaner Anna Greenshoro. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by the hospitol or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). **DUE TO** far use as the t f Heolth prior to b stating the underlying couse hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO: TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [3] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CICAUSE OF DEATH Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. While Not While factory, street, office bldg., etc.) at work at work þe 21. I certify that (I) (this hospital) attended the deceased from 19 , ta 19____, that (i) (we) last Poge 4 may be retoined should 19 66, and that deoth occurred of 5 3 M, fram causes and on the date stated above. saw the deceased alive an 0-0 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR poge se filed PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, po Stephen P. Carney, M.D. NAME (Type) Easton. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) .0 - 22 - 66Greensboro Greenshore Manuel REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 241 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR/STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY al director. Page for your files. b. COUNTY Talbox ō MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 15 write_RURAL and give nearest town) Tilohman ilohman 47 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? retained State YES NO 3. NAME OF Middle DATE Month Day DECEASED hours OF the Ellen A. Richardson (Type or print) DEATH 3 19/ 0 With AGE (In years | IF UNDER I YEAR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS 5 may by 2 with thin 72 last birthday) Months and WIDOWED TA DIVORCED Vrs. 10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Slele or foreign country) 12. CITIZEN OF WHAT COUNTRY "pending" in pencil is Item 18. Give Rages 1, 2 xaminer's Office along with form PM3. Page dong during most of working life, even if retired) IISA Maryland

14. MOTHER'S MAIDEN NAME Housework 13. FATHER'S NAME File pag Levin Pritchett Frances Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyesgivewarordetasofsarvica) Ir. Washington, D.C. and EDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN or removal, ONSET AND DEATH burial-transit PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) cremation, eave rise to immediate cause n please execute the certificate, writing the word "pending"
4 should be forwarded to the Chief Medical Examiner's

O FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying sause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERTIFICATION prior to burial, PERFORMED? NO T 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED / 20e, PLACE OF INJURY (Home, farm, 1 20f., (City or fown)) Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) While Not While agent, at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion its designated Accident Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER O DEPUTY ö EXAMINER'S NAME (Typa) Address (Street, city, town, or county) Health 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or county) Lohman, 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR ATSME 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14739 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral s 1 and 7 fter death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a, COJNTY MARYLAND b CITY OR TOWN (f outside comparate limits. c. LENGTH OF STAY IN 16 mrts write RURAL and give nearest town) write RURAL and give nearest town) ve carbón pa<u>m</u>ers Pog event, within 72 hours LASTON e IS RESIDENCE ON A FARM? completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS YES NO 3 NAME OF Middle 4 DATE Manth Day Year DECEASED 0F 19 66 (Type or print) DEATH SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ove last birthdey) Months Days Hours WIDOWED DIVORCED 22 6 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12, CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) during most of warking rife, even if retired) - INDUSTRY COUNTRY? 1201 NEA TOPN 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME, removol, the attending phy WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, navor unknown) (If yes give war or dates af service cremotion, or INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), signed by the buriol-transit PART I. DEATH WAS CAUSED BY **ONSET AND DEATH** IMMEDIATE CAUSE (o) attending physician. DUE TO buriol, Canditions, if any, which gave (b) rise to immediate cause (a). **DUE TO** stating the underlying cause hos been stached for use as the Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES F NO by the hospitol or O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBLTING CAUSE OF DEATH etached (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. Not While factory, street, affice bldg., etc.) at work at wark 21. I certify that (1) (this hospital) attended the deceased from 19 to 19____, that (1) (we) last be retoined should 19 6 and that death accurred at 5 21/2 M, fram causes and an the date stated above. saw the deceased alive an C 22a. SIGNATURE 22b DATE SIGNED ATTENDING Robert W. Tremer STAFF director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 moy NAME (Type) 230 BURIA (REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 [4] 20 M 1/66



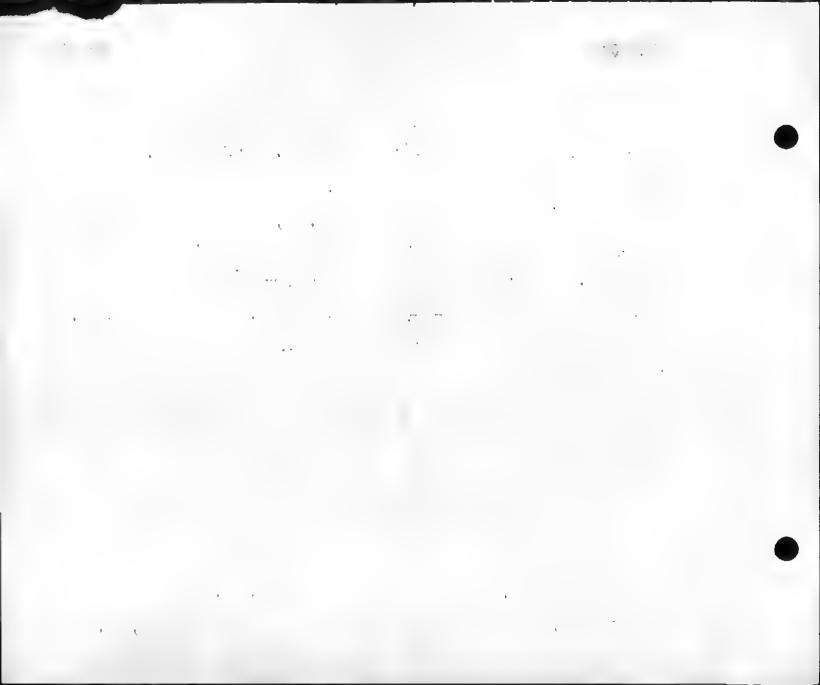
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2	4	14740	CERTIFICATE OF	DEATH	14743
funeral 1 ond er death	1.	PLACE OF DEATH a. COUNTY APPORT	MARYLAND 0. STA	manyana.	NTY Talbot
D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then people is emove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removalt and in any event, within 72 hours after death		b. CITY OR TOWN (if autode corporate tend write RURAL and give nearest town)	126 days	OR TOWN (If outside corporate limits, write RU Easton	,
filled in papers thin 72 h		NAME OF HOSPITAL OR INSTITUTION (1879)	Hospital 34	<u>d</u>	
torbon corbon ent, wil		DECEASED (Type or print) SEX 6 COLOR OR RACE	V- 1	OST OF DEATH	Doy Year 19 60
and com remove n any ev	10-	male white a USUAL OCCUPATION (Give kind of work done	WIDOWED DIVORCED Aug.	25 1938 last b rthday) 25 1938 yrs HPLACE (County & State, or fareign country)	Months Days Hours Min 12. CITIZEN OF WHAT
Sicient pledse		B. FATHER S NAME	laverily Press Ca	roline Maryland HERS MAIDEN NAME heresa	COUNTRY?
There	19	David B. Skinnen WAS DECEASED EVER IN U.S. ARMED FORCES?	y Sr. Bk	EXEXAXXXXXXXX Kohn	955
ottendi permit. on, or r	()	es, na, ar unknawn) (If yes give war ar dates of DEATH (Enter anly one can	of service) 219-36-5916 Mrs. D	avid B. Skinnen, Ea	
by the ronsit		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE DUE	(0) Hodgkins disco	المحاد	ONSET AND DEATH
signed ouriol-t		Conditions, if ony, which gove is the tall immediate cause (a),	(b)		dain
been s the ior to		last.	(c)		
ote has r use o solth pr	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN.		19. WAS AUTOPSY PERFORMED? YES NO
certification that the following the followi			205 DESCRIBE HOW INJURY OCCURRED. (Enter natur	· ·	
er this e deto ote De	MEDICAL	p.m. 17	20d INJURY OCCURRED While Nat While at work 20e, PLACE OF INJUR factory, street, a	ffice bldg., etc.)	(Caunty) (State)
OR: Aft ould by the St		saw the deceased alive and	pital) attended the deceased fram	ccurred at as M, from causes	
DIRECT Je 3 sh led with		220. SIGNATURE Robert		DING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
VERAL for, po			Inevon	Easton, Nd.	
TO FUNERAL director, pa	L	g BURIAL, CREMATION, REMOVAL (Specify 10/20/	1966 (hesterfield	(entrevill	e, Md.
VR A15 (4) 20 M 1/66	7	4. FUNERAL DIRECTOR	ADDRESS ADDRESS	DATE OCT 19 1966	Charles Judges

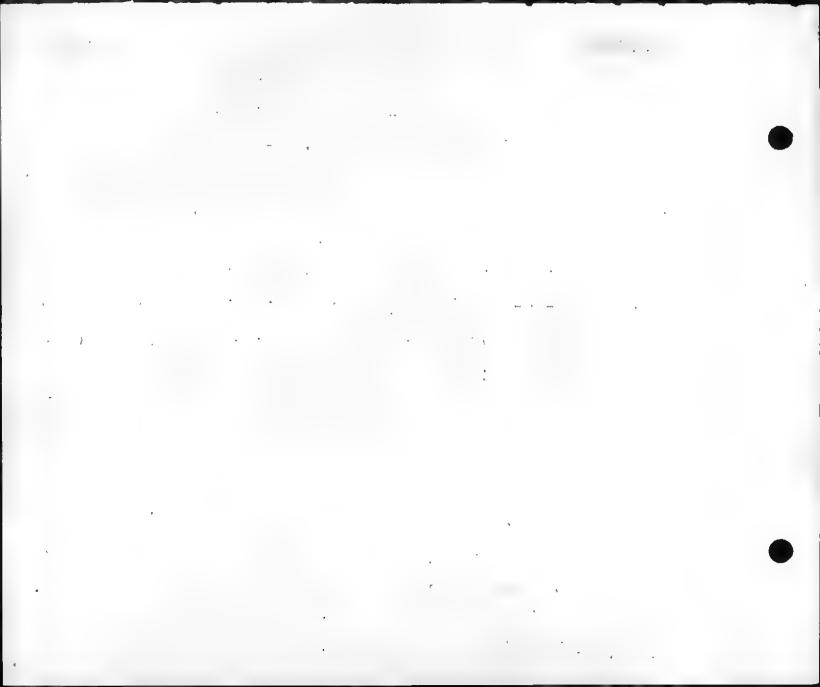
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
F03	14741 CERTIFICATE OF DEATH 14744
funeral and 2 and 2 death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissing a COUNTY)
er fe	a. COUNTY Tolbot MARYLAND a. STATE Maryland b. CDUNTY Caroline
requires that he used to certificate be executed within 24 hours and beam ding physician. been signed by the attending any solian and completely filled in by the funeral been signed by the attending of please remove carbon papers. Pages 1 and 2 the burial, cremation, or removal, and in any event, within 72 hours after death or to burial, cremation, or removal, and in any event, within 72 hours after death	b. CITY OR TOWN (if outside corporate limits. c. LENGTH DE STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town
Pa Pa urs	write Rukal and give nearest town)
filled In by papers. Pag	d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS [e. IS RESIDEN
age n 7	Mone DN A FARM
n any event, withlin	3. NAME OF First Middle Last 14. DATE Month Day Year
	(Type or print) My. Fletcher Smith DEATH 10- 6 19 6
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE DE BIRTH 19. AGE (IN Years FUNDER 1 YEAR (IF UNDER 24 H
	Male Williast Dirthday) Months Days Hours Mi
	10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or Serving resultry) 12. CITIZEN DE WHAT
	during most of working life, even if retired) Retired Farmer INDUSTRY Maryland USA
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Gouldsborough Smith Susie Laramore
	(Yes, no, or unkown) (If yes give war or dates of service)
	100 1 100 110 110 110 110 110 110 110 1
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subanachnoise Germon have 12 and
	DUE TD U X DUE TD
	Conditions, if any, which (b) (b)
	cause (a), stating the DUE TD
	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
	PERFORMEO?
	YES NO \ 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCGURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)
	Hour a.m. While Not While factory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from 300 t, 1960, tp. 600 t, 1960, that (I) (we) as saw the deceased alive on 300 the date stated above
	saw the deceased alive on 19 4, and that death occurred at 30 M, from the causes and on the date stated above 22a. SIGNATURE 122b. DATE SIGNED.
	ATTENDINGS MED. STAFF - CO A-1-6-6
	22c. Physician's Stephen P. Carney M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S Stephen P. Carney M. II. 22d. ADDRESS Easton, Maryland Oct/10/66
p	23a. BURIAL CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY DR CREMATORY 1 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)
, 6	DUPLAL 10-9-66 Greensboro Greensboro Maryland 24. FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR'S SIBNATORE
6	J. E. Boulain Ircens Crorp. Med. DATE OCT 11 1986 Miles Judge
10	1 O. The Contract of the Contr

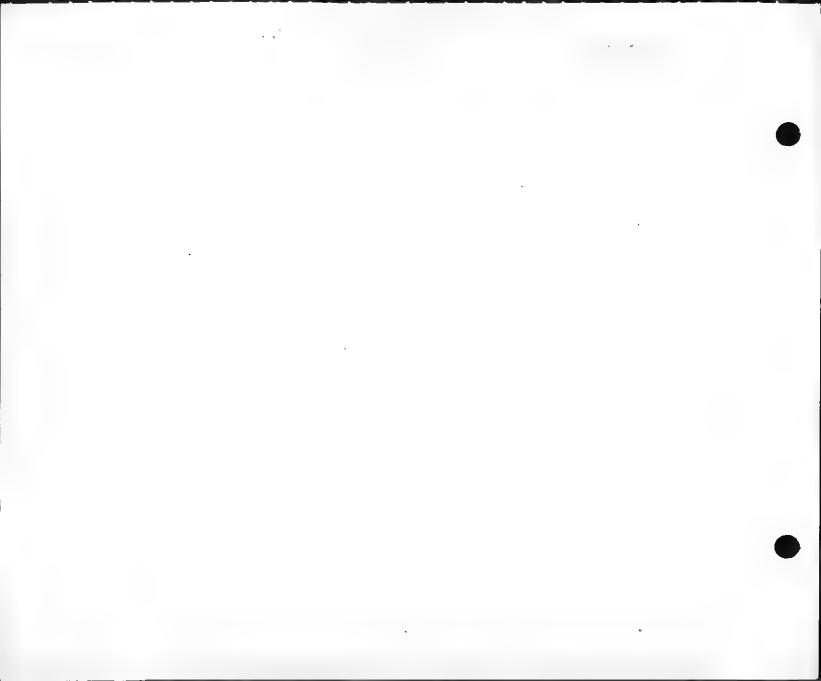




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14743 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a COUNTY b. COUNTY 2, and J Department af MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY N To outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 8EN QUEEN ANNE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) A STREET ADDRESS S RES DENCE fice along with farm haurs 8. Give Pages 1, ON A FARM? State NO 24 naurs after death. 3 NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED OF DEATH the 196 (Type or print) \subseteq WITH IF LINDER 1 YEAR IF UNDER 24 HRS AGE (n years 6. COLOR OR RACE 7 MARR ED NEVER MARRIED h rthday) lest Days **NEGRO** DIVORCED W DOWED event 12 CIT ZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done ID6 KIND OF BLS NESS OR during most of working life, even if retired) COUNTRY? hADORER P any Examiner 14 MOTHER'S MA DEN 13 FATHER'S NAME This certificate shauld be executed within <u>c</u> MILLER QJ. 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Page 4 shauld be farwarded to the Chief Medical (Yes, no, or unknown) (If yes give war or dates of service) remaval, QUEEN ANNE, MD NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) **burial-transit** ONSET AND DEATH PART I DEATH WAS CAUSED BY UL. MYOCARDIAL FAILURE MMEDIATE CAUSE (o) crematian, DUE TO CHRONIC MYOCARDITIS YEARS Conditions, if any, which gove nse to immediate couse (a), DUE TO Б stoting the underlying couse 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? CERT FICATION YES -NO Peq. 10 2Do. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port I or Port II of item 18.) 5 may be retained for your 11ses.

TO FUNERAL DIRECTOR: Page 3 shauld !

Health or its designated agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20s T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 2Df (City or fown) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at work Lul of work 2]. I certify that I took charge of the remains described above, held an Autopsy [Inspection k Inquiry and in my opinion Noturol couses X death resulted from Accident . Suicide Homicide : Undetermined monner the funeral directar CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER SIGNATURE FOR DEPUTY MEDICAL EXAMINER 10-24-66 **EXAMINER'S** WELTY Address (Street, city, fown, or county) NAME (Type) 23c NAME OF CEMETERY DATE THEREOF 23d 10EATION (City or Town) BURIAL, CREMATION, (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR 250 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 0

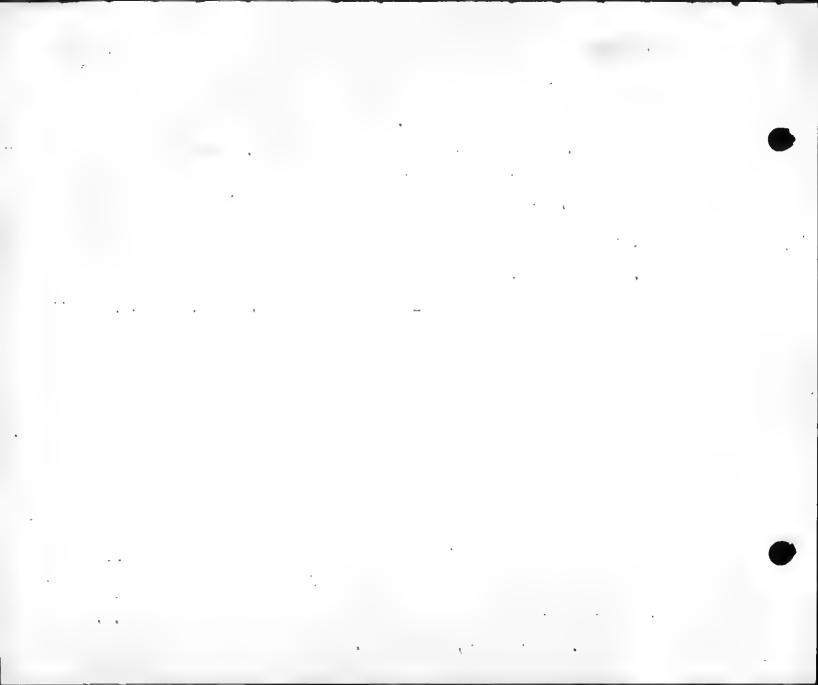


TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the afterding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremative, or company, and in any event, within 72 hours after deapt.

VR AIS (4) 20M 1/65

)		DIVISIO	N OF STATISTI	CAL RESE			, 301 W. PRESTO E OF DEATH		LTIMORE	1, MARYL	AND
	1.	PLACE OF DEAT a. COUNTY	H Talbot			RYLAND	2. USUAL RESIDENCE	E (Where deceased I	ived, If institu b. COUNTY	tion: Residence	
		write RURAL	N (if outside corpora and give nearest to USTOR	ite limits, Wn)	c. LENGTH OF ST	c. CITY OR TOWN (IF		limits, write i	RURAL and give	nearest town)	
	-	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street	d. STREET ADDRESS		· · ·	0.	IS RESIDENCE	
			4 S. Aurore	a Stree			. Aurora			ON A FARM?	
		NAME OF DECEASED (Type or print)	Mary El		tevens	Last	4. DATE DF DEATH	Month	10/18	19 66	
	F	emale	6. COLOR OR RACE	WIDOWED	NEVER MARRI		9/9/1920	9. AGE	In years IFU Dirthday) Mor	nths Days	Hours Min.
	dui	Artist	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS ON NOUSTRY	OR .	11. BIRTHPLACE (Co	Main		12. CITIZEN O.	F WHAT
		// -	ent Steven					en name n Morris			
	15 (Y)	es, no, or unknym)	EVER IN U.S. ARMED FO (If yes give war or dates o	ORCES? 16, of service)	\$001AL SECURITY N 34-14-448		INFORMANT L Robert W.	Ewell, 11	Address Onolule	ı, Hawa	ii
			501	(a)	ine for (a), (b), and	Con Lie	Dia.			ONSE	VAL BETWEEN T AND DEATH
	7	gave rise to cause (a), s underlying caus	tating the DUE	(c) Co	Tenon	-21-	left br	cast		2	1290
	CERTIFICATION				JTING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION	G IVEN IN PAR	T 1(a) 19. YES	WAS AUTOPSY PERFORMED? NO X
		208. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING T NG TO CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJ	URY OCCUI	RRED. (Enter nature of	injury in Part I or	Part II of Ite	em 18.)	
	MEDICAL	2Dc. TIME OF Hour a.r p.r		Year 20d. I While at work	NJURY OCCURRED Not While at work		E OF INJURY (Home, far y, street, office bldg., et		town)	(County)	(State)
			y that (I) (this:hes	attend				65, to OC			t (I) (wed_last
		saw the dec	ceased alive on_C	20118	19 66,	and that	death occurred at 5	M, from the	causes and	on the date	stated above.
		22c. PHYS/CIA	7.150	mb	ler.	M.D.	ATTENDING A D	NED. STA	VFF -	10/19	166
į		NAME (1)	/pe)				BOX 1	025 8	aste	on Th	1.
	23a	REMOVAL (Spe	ecify)	1966	Fort Line		OR CREMATORY	Washing	cton, L	or county)	(State)
2	24	MURICE		& SON,	Easton,	Nd.	25a. REC DATE O	OT 21 19		TRAR'S SIGNAT	

MARYLAND STATE DEPARTMENT OF HEALTH



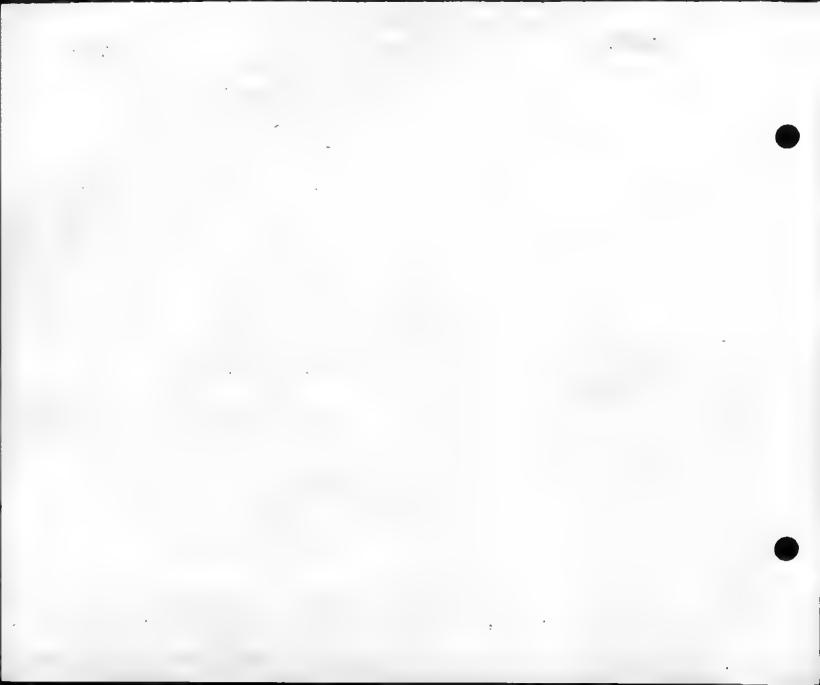
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14745 event, within 72 hours after death. be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Reside the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN 16 write RURAL and give neorest town) HU d. STREET ADDRESS B IS RESIDENC d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address ON A FARM? YES NO 3 NAME OF Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) OF DEATH IF UNDER 1 YEAR S SEX AGE (n years COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH last_birthacy) Months Days Hours and in any X WIDOWED DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b TOo. USUAL OCCUPATION (Give kind of work done dunpa most of working life, even frethred) COUNTRY? STRY CLAW law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaya ON INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the haspital ar attending physician. 3 **DUE TO** Conditions, if any, which gove (b) rise to immediate couse (a), **DUE TO** stoting the underlying couse priar ta TO FUNERAL DIRECTOR: After this certificate has been use as the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO Þ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ᇹ be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) 19 ot work ot work 1965 2). I certify that (I) (this hospital) attended the deceased from. Page 4 may be retained 3 shauld and that death accurred at 45M, from causes and on the date stated above. 19 6C Od sow the deceased alive on. 22b. DATE SIGNED 22o, SIGNATURE **ATTENDING** STAFF 27 Oct M.D DIRECTOR PHYS. r, page 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Steph n P. Carney Easton. Maryland director, 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 230 BURIAL, CREMATION, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) HUR 146 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. decet 8 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) campletely filled in by the funeral PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND after Pages b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) papers. Page hin 72 haurs o write RURAL and give nearest tawn) Baltimore astod NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? event, within 72 branada NO YES 3 NAME OF Middle 4 DATE Manth Year carban Day DECEASED OF DEATH (Type or pant) 19/ IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED ₿. DATE OF BIRTH AGE (n years IF UNDER 1 YEAR **NEVER MARRIED** remaye lasi bigthday) Manths Days Hours λub WIDOWED DIVORCED ema and KIND OF BUSINESS OR 10g JSJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT .⊆ ease during mast of working life even if retired) INDUSTRY **COUNTRY?** and Vomestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya Warren mma signed by the attending burial-transit permit. Th 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address (Yes, no, arunknown) (If yes give war ar dates of service) -3007 Irranad no burial, crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (c) attending physician. DUE TO Canditians, if any, which gave nse ta immediate couse (a), DUE TO stating the underlying cause priar ta l as the has been las† PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION Dept. of Health NO TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar Ē 20g ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Haur e.m. While factory, street, affice bldg., etc.) Not While State at work at work shauld be 21. I certify that (1) (this haspital) attended the deceased fram to. ___, that (1) (we) last with the MM. from causes and an the date stated above. saw the deceased alive an. and that death accurred at 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF Bert W. Trever M.D. DIRECTOR filed y PHYS PHYS. director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23c BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 0 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

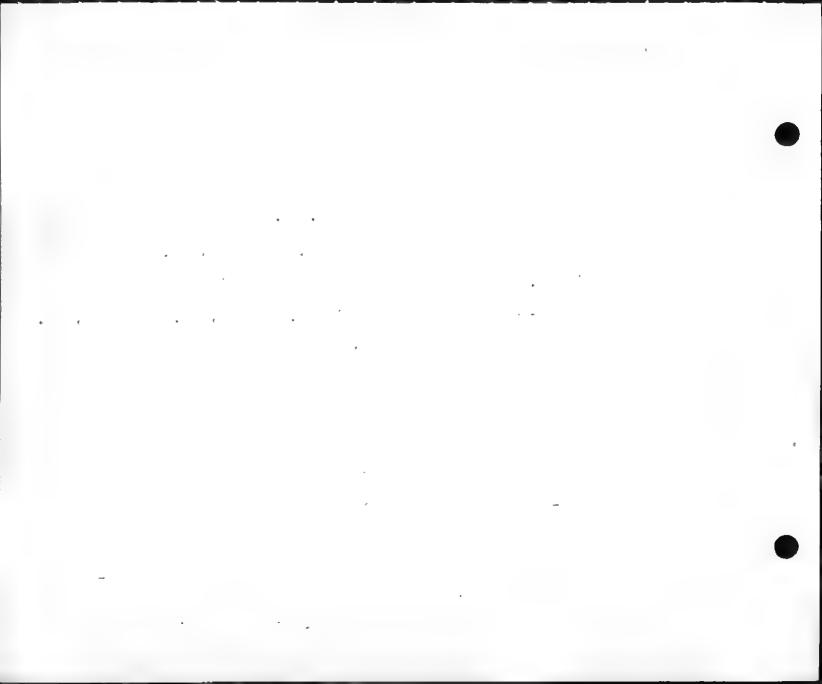
		14748	CERTIFICATI	OF DEATH		14751
		PLACE OF DEATH a. COUNTY Talbot	MARYLAND	o STATE Mar	vland be con	Ballimore
		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) d. NAME OF HOSP TAL OR INSTITUTION (if not in	D.O.A.	c. CITY OR TOWN (IF JC.)	iside corparate limits, write R	URAL and give nearest town) e is RESIDENCE
*		Memorial Ho	isp, at Easton, Mo	RFDE	, Box 2;	ON À FARM? YES X NO
		NAME OF DECEASED (Type or print) LESM:	ev Sybilla X	Valter	4 DATE Mor	et- 24 1966
	S.	. 2 / 2 / 3 / 1 / 1 / 1 / 1	MACONED NEVER MARRIED DIVORCED	8. Date of BIRTH April 13, 18	9. AGE (In years last birthday)	Months Days Hours Man
	dur	n LSUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimor		12 CITIZEN OF WHAT COUNTRY?
			k Heintzman	14. MOTHER'S MAIDEN N	Elenora	Bolte
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknown) (If yes give war or dates af se	vice)	informant Grace Viola		iess P.O.Box #22 Easton, Md
		18 CAUSE OF DEATH (Enter only one cause p PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	er line far (a), (b), and (c)) Acute myo	cardial	infaret	INTERVAL BETWEEN ONSET AND DEATH
		420 DUE TO Conditions, if any, which gave (b)	Atheroscle	rotic he	art disea	25c Years
		stating the underlying cause last. DUE TO (c)		•		
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in P	ort I or Part II of item 18.)	
	METAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19		CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f (City or town)	(County) (State)
			l) attended the deceased fram_ etc. 21,1966, and tha	Dec. 23, 19 t death accurred at_		24, 1966, that (I) (ab) lost and on the date stated above
		220. SIGNATURES ale R.	Tollman M.	D. PHYS 🔼 I	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 0ct, 24, 196
/		22c. PHYSICIAN'S NAME (Type) Dale R.	Kollman, Mu	22d. ADDRESS N.	Hanson;	Easton, Md
2		BURIAL CREMATION, 23b DATE THEREO 10/27/6	6 St. Paul's	Cemetery	23d LOCATION (Gity or To	o. Co. Md.
0	24	Tipton-Eline	Hampstead, Md		BY REGISTRAR 256 R	Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. offending physician and campletely filled in by the funeral second. Then please remave carban papers. Pages 1 and and on any event, within 72 haurs after deal TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transif shauld be filed with the State Dept. of Health priar ta burial, creman Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived if institut an Residence before admission) PLACE OF DEATH a COUNTY TALBOT b COUNTY TALBOT a STATE Page ō death MARY, AND Department b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c .ENGTH OF STAY IN 1h oug write RARA pad give nearest tawn) DOA EASTON RD d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) hours MEMORIAL HOSPITAL CORDOVA ROAD YES NO K Stote 3 NAME OF First Middle Last 4 DATE Manth Year DECEASED PATRICIA ANN 166 WATTS OCTOBER 19 (Type or pont) B DATE OF BIRTH FUNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED WEVER MARRIED AGE (In years last b rthday) Ded. 30.1938 WIDOWED DIVORCED 24 hours 11 SIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT 10b K ND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work dane COUNTRY? during most of working life, even if retired) NDUSTRY St. Michaels. Md. ony USA forworded to the Chief Medical Examiner's poges in ony 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME should be executed within Julian E. Wayman Anna Doris Herney ond IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IA SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ocunknawn) (If yes give war ar dates of service) or removal, Julian E. Wayman, St. Michaels. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH buriol-transit PART I DEATH WAS CAUSED BY SEVERE HEAD ETC, INJURIES MMED ATE CAUSE (a) cremation, AUTO ACCIDENT Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 0 used os buriol, c 19 WAS AUTOPS) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PERFORMED? please execute the certificate. pe designated ogent, prior to 4 should be 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1 of Item 18) 3 should PRIMARY I or CONTRIBUTING I DRIVER OF CAR WHICH SKIDDED ON WET ROAD&STRUCK ANOTHER CAUSE OF DEATH 20f (City ar town) 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, farm (State) Nat While Oxford Road may be retained far your FUNERAL DIRECTOR: Page at wark 10-19 166 nr Easton Talbot Md at wark Inspection [x], Inquiry [-], and in my ap mon 21. I certify that I took charge of the remains described above, held an Autopsy death resulted from Natural causes . Accident DC . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 🔲 SIGNATURE 10-19-66 for DEPUTY MEDICAL EXAMINER XX Ь **EXAMINER'S** Louis S. Welty Heolth , Address (Street, city, tawn, ar county) NAME (Type) 23d. LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION, 2 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATA 24. FUNERAL DIRECTOR VR A15ME (5) Milarle DATE

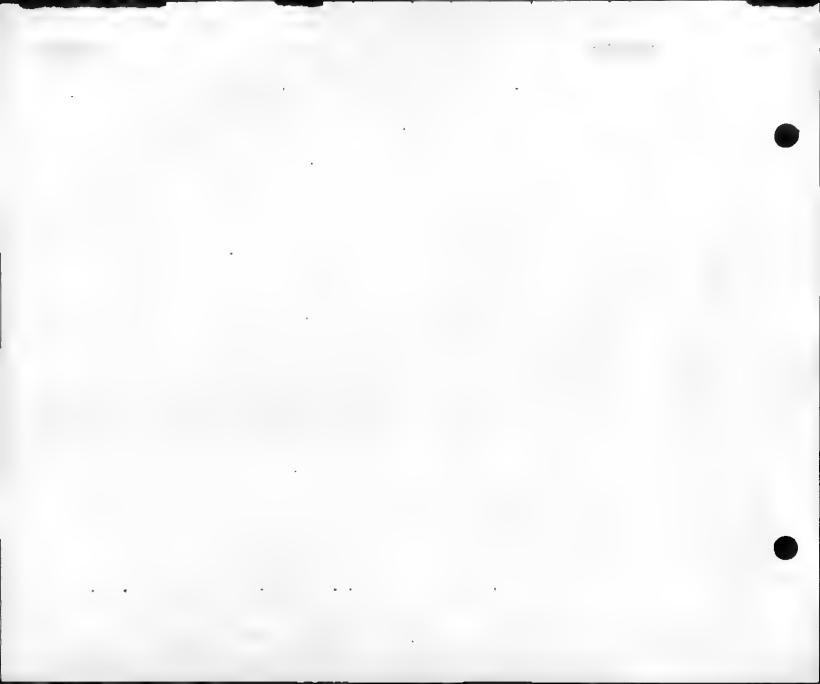


VR A15 (4) 20 M 1/66

CEDTIEICATE OF DEATH

14927

		CERTIFICATE OF D	EAIN	14700
)		PLACE OF DEATH O COUNTY Jackof MARYLAND 2. USUAL O. STATE	RESIDENCE (Where deceased lived, if institution Reside	ence before admission)
	1	b CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest lawn) c EENGTH OF STAY IN 1b c. (ITY OR	TOWN (If aptiside corporate limits, write RJRA) and gi	ve nearest town)
,)	d NAME OF HOSPITA. OR INST TUTION (If fight in hospital give street address) d STREET	ADDRESS	e IS RESIDENCE ON A FARM? YES NO
	(NAME OF DECEASED (Type or print) Warde E Whish	te DEATH 10/11	Day Year 1966
	5. 5	FEMALE WHITE WIDOWED & DIVORCED NOV. 1	1-1882 Byrs Months	Doys Hours Min.
	dur	ng most of working the even if retired) NDUSTRY MA		OUNTRY?
		RICHARD RELLY LAU	RA J. BRIGHT	
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT 16 SOCIAL SECURITY NO	DK. WHITE -TRAPPE	Mo.
/		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove (b)		
		stoting the underlying cause DUE 10 (c)		
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL		19 WAS AUTOPSY PERFORMED? YES NO 🔀
	Medical certification	(IF ETHER, NOTHS MEDICAL EXAMINER)	uce in fine	
	MEDICA	20c TIME OF INJURY Month, Doy, Yeor Hour o.m. Dot 6 19 6 of work 20d INJURY OCCURRED 20e. PLACE OF INJURY factory, street, off	fixe bldg, etc.)	ounty) (State) Talbut mel
		21. I certify that (I) (this haspital) attended the deceased from	ccurred at // OM, from causes and on	
		220. SIGNATURE LIGHT S ATTENDITION PHYS 220. ATTENDITION PHYS 22		DATE SIGNED
र	07-	NAME(Type) Ostephen P. Carney M. D. Ea	aston, Maryland Oct.	12, 1966
	-	B. BURRAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY STEVENS VILL ADDRESS ADDRESS	E STEVENSVILL	(County) (Stote) E MD. SIGNATURE
(P)	24	Edgar L. Lane Church Hill Mit	DATE OCT 13 1956 1000	rley Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

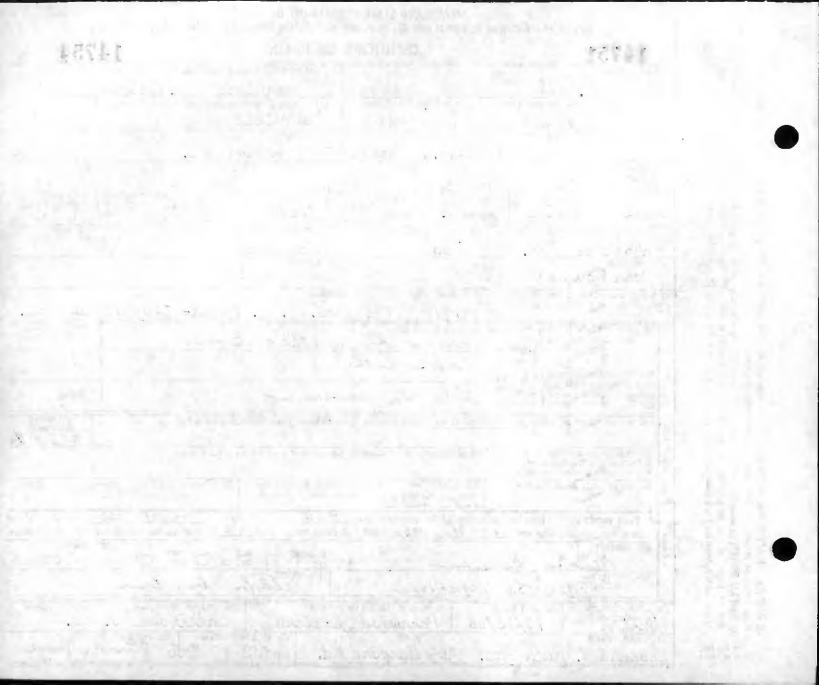
14751	CERTIFICATE OF DI	EATH	14754			
1. PLACE OF DEATH O. COUNTY Tallot	MARYLAND 0. STATE	Maryland Ba	county.			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	3days. Par	TOWN (If outside corporate limits, write kville	03-2			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Metrovial	Hosp., Easton 2105		e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) Hugh. First M	utefell WoodTer	OF DEATH	Month Day Year (06			
	DIVORCED 7/9/1	880 Sast birthdoy	y) Months Doys Hours Min.			
during most of working life, even if pofired), arpenter Net.	Wood Ma	LACE (County & State, or foreign country) ryland	12. CITIZEN OF WHAT			
John Wootten	Ma	rgaret?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT 219164411 Mrs.		Address 105 Taylor Ave.			
1B. CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (0), (b), and (c).) Luce to all	hu as chestic	INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if ony, which gove) (b)	reples fatly		(?)			
stoting the underlying couse (c). (c) Rykorthic present in 3/4						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO			
OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of	of injury in Port I or Part II of item 18.)			
Hour a.m.	20d. INJURY OCCURRED While Not While of work foctory, street, office		(County) (Stote)			
saw the deceased alive an	attended the deceased fram 17 007	curred at 12 -M, fram cous	ses and an the date stated abov			
220. SIGNATURY	M.D. ATTENDIN	DIRECTOR L PHYS.	22b. DATE SIGNED			
22c. PHYSICIAN'S NAME (Type) THURSTON 2		Choken levey	laur			
230. BURIAL CREMATION, 23b. DATE THEREOF 10/18/6		6	re Co. Md.			
24. FUNERAL DIRECTOR	F205 Haptond Rd	250 REC'D BY REGISTRAR 256	REGISTRAR'S SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. High bloose remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remover and in any event, within 72 hours offer death...

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

,	14752	CERTIFICATE	OF DEATH	14755
	I. PLACE OF DEATH a. COUNTY TALBOT	MARYLAND	DIELAWARE.	SUSSEX
	b. CITY OR TOWN (If outside carporate limits, write RURAL and tive pegress town)	3 days.	CCITY OR TOWN (If outside carparate limits, w	rite RURAL and give nearest town)
3	d. NAME OF HOSPITAL OR INSTITUTION (IF not in I	rospital, give street addreds)	d. STREET ADDRESS	9. IS RESIDENCE ON A FARM? YES ☑ NO ☐
	3. NAME OF DECEASED (Type or point)	Middle A	Zoff death	Manth Day Year 17 19 66
	FEMALE WHITP W	IDOWED DIVORCED	MAY 15 1889 9. AGE (In y lost birth	day) Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY	M. BIRTHPLACE (County & State, or foreign countr GREENWOOD DE	y) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME FIRE KIAL WEST IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	FY LLOYD	14. MOTHER'S MAIDEN NAME HORMANT	THE HOLLIS
	(Yes, no, or unknown) (If yes give war ar dotes of serv	ide) 5/	HIRLEY BAILEY	CREENWOOD Deb.
	18. CAUSE OF DEATH (Enter only one cause pe PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardian Faile	ene	ONSET AND DEATH
	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	Coron my alle	oselustic heat d	i, care (?)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (6	Enter nature of injury in Part I or Part II af item	18.)
	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	While Nat While at work of work	E OF INJURY (Hame, farm, ry, street, office bldg., etc.)	own) (Caunty) (State)
	21. I certify that (I) (this haspital saw the deceased alive an) attended the deceased from		ouses and an the date stated above.
	220. SIGNATURE PALLENTUR Haves 22. PHYSICIAN'S	ker M.D.	ATTENDING MED. STAF	E 22b. DATE SIGNED
-	NAME (Type) THURSTON 23 BURIAL CREMATION, 23b. DATE THEREOF	HARRISON 1 234. NAME OF CEMETERY OR CO	Cartan, M.	my land
	REMOVAL (Specify) 23 FUNERAL DIRECTOR	6 BRIDGEUI	LLE CEMETERY BRIDE	SISUILLE SIGNATURE STOWN) (County) (State) SISUILLE SIGNATURE
	1 Jan Jewig W. M.	Frat GREENWOOD	1- 1-24	Clarles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit then pleose remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed, and in any event, within 72 hours ofter death 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or ottending physician.

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